

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

07-28-2003 90133 005 ****61.25
09-05-2003 90116 029 ****88.75

DOCUMENT #	P00000081785	
1. Entity Name JCCS INC.		

Principal Place of Business 1729 SW 32 PL FT LAUDERDALE FL 33315	Mailing Address 1309 SW 31ST STREET FT LAUDERDALE FL 33315
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2. Principal Place of Business	3. Mailing Address 1729 SW 32 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FORT LAUDERDALE FL
Zip	Country Broward
Country	Zip 33315



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	65-1032781	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONCHA, JAVIER F 1309 SW 31ST STREET FT LAUDERDALE FL 33315	Name: CONCHA, JAVIER F Street Address (P.O. Box Number is Not Acceptable) 1729 SW 32 PL City FORT LAUDERDALE FL Zip Code 33315

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	CONCHA, JAVIER F ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS	1729 SW 32 PL	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **7-23-03 954-836-1898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CFR034 (4/03)

JAVIER CONCHA

1729 SW 32 PL

PORT LAUDERDALE FL
33315

Attachment #

80144622

~~XXXXXXXXXX~~
P00000081785

MY ADDRESS IS STILL REFLECTING THE OLD ADDRESS

AND I KEEP RECEIVING THIS LATE FEE NOTICE, I AM TRYING TO COMPLY WITH THE TIME FRAME,

PLEASE CORRECT ADDRESS TO:

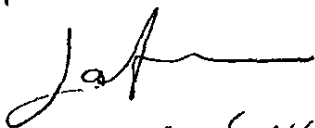
1729 SW 32 PL

PT LAUDERDALE FL, 33315

AND PLEASE WAIVE LATE FEE.

PENALTY WAS SENT TO OLD ADDRESS AND NEVER RECEIVED IT.

THANKS



JAVIER CONCHA
JCCS, INC