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

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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081785

1. Entity Name
JCCS INC.

Principal Place of Business	Mailing Address
1729 SW 32 PL FT LAUDERDALE FL 33315	1309 SW 31ST STREET FT LAUDERDALE FL 33315

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	Zip 33315 / Country BROWARD

☐ 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

CONCHA, JAVIER F
1309 SW 31ST STREET
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CONCHA, JAVIER F ☐ Delete	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	
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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	

CR2E034 (4/03)

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 7-23-03 954-830-1898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

JAVIER CONCHA
1729 SW 32 PL
FORT LAUDERDALE FL
33315

80144622
[redacted]
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
FT LAUDERDALE FL, 33315

AND PLEASE WAIVE LATE FEE.

PERHAPS IT WAS SENT TO OLD ADDRESS AND NEVER RECEIVED IT.

THANKS

JAVIER CONCHA.
JCCS, INC