

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90023 034 \*\*\*150.00  
 09-08-2002 90124 020 \*\*\*550.00

**DOCUMENT # P00000104567**

1. Entity Name  
**2000 JC ENTERPRISES, INC.**

Principal Place of Business

**181 SW 96TH TERRACE  
 PLANTATION FL 33324**

Mailing Address

**181 SW 96TH TERRACE  
 PLANTATION FL 33324**

2. Principal Place of Business

**1003 NE 3rd St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1003 NE 3rd St**  
 Suite, Apt. #, etc.

City & State

**FT Lauderdale FL**

City & State

**FLorida**

Zip **33301**

Country **U.S.A**

Zip **33301**

Country **U.S.A**

4. FEI Number **06-1599279**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY**  
**4000 HOLLYWOOD BLVD SUITE 350-N 644 SE 5th Ave**  
**HOLLYWOOD FL 33021**  
**Richard G. Coker Jr.**  
**Ft. Lauderdale, Fla.**  
**33301-3104**

7. Name and Address of New Registered Agent

Name **Richard G. Coker, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**644 SE 5th Avenue**  
 City **Ft. Lauderdale** **FL** Zip Code **33301**

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

**9/5/2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **CHRISTOPHERSEN, GEORGINA**  
 STREET ADDRESS **181 SW 96TH TERRACE**  
 CITY-ST-ZIP **1003 NE 3rd St. PLANTATION FL 33324 FT Lauderdale FL 33301**

TITLE **D** ☐ Delete  
 NAME **RETRIZZO, JUAN**  
 STREET ADDRESS **181 SW 96TH TERRACE**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1003 NE 3 Street**  
 CITY-ST-ZIP **Ft. Lauderdale, Fla. 33301**

TITLE ☐ Change ☒ Addition  
 NAME **John W. Dohm V.P.**  
 STREET ADDRESS **1003 NE 3rd St.**  
 CITY-ST-ZIP **FT. Lauderdale FL 33301**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Georgina Christophersen**  
**Aug 31, 02**  
**(954) 527-1285**

Date Daytime Phone #

CR2E034 (4/02)