2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPÖRT (UBR)					BR)	FILED Mar 29, 2002 8:00 am	
DOCU	# P00000	0114617			Secretary of State		
1. Entity Nat PALMS \		JCCO, INC.		J		02-11-2002 90134 043 ***150.00	
Principal Place of Business Mailing Address							
4061 ROYAL PALM BEACH BOULEVARD 4061 ROYAL PALM BEACH FL ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL							
Principal Place of Business 3. Mailing Address			<u> </u>		J INSTITUTO UNI BENIN ERINI ERINI ERINI ERINI DONUN DENDA YARRI YARRI SINDE SINDA SIBRI DERI ILEM 🚼		
Suite, Apt. #, etc. Suite, Apt. #			Suite, Apt. #, etc.	ic.		DO NOT WRITE IN THIS SPACE	
City & State City & State			4. FEI Number 65 - 1063039 Applied For Not Applicable				
Zip	Country		Zip	Country		5. Certificate of Status Desired	
	and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A.					Street Address (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE CORAL GABLES FL 33134				- Danse	Albert Address (r. o. box Namider is Not Acceptable)		
COPAL GABLES FL 33134			City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its re				s registered office			
SIGNATURE	Signature based	Or printed party of tapidayasi about and	title if applicable (APP)	IE: Registered Agent sig			
				!!! FEE IS \$15	0.00	10. Election Campaign Financing\$5.00 May Be	
	ria on back)		Make Check Payal			Trust Fund Contribution. Added to Fees	
TITLE	PSTD	OFFICERS AND DIF	RECTORS Delete	12.		ARDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (085/1) 6 Addition 5	
NAME STREET ADDRESS CITY-ST-ZIP	GEORGE, JOHN P			NAME	STREET ADDRESS 4661 RYL PIN BU Blud		
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	TREA	SUREA Change MAddition & Change MAddition	
CITY-ST-ZIP TITLE	ļ		☐ Delete	CITY-ST-ZIP	204	Plan Bel, FL 33411	
NAME - Street Address			LJ Deide	name == street address	RIE!	Loyal John BUN BIRd	
CITY-ST-ZIP			Delete	TITLE	Loy A	C. Nohm 60, FC 334/1	
NAME STREET ADDRESS CITY-ST-ZIP			El beige	NAME STREET ADDRESS CITY-ST-ZIP		. Grange Admini	
TITLE		· .	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME Street adoress City-St-Zip			
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
13. I hereby of indicated of the corr	certify that the on this report poration or the	information supplied with this or supplemental report is true reference or frustre description	i filing does per qualify for a and accurate and that n	CITY-ST-ZIP the exemption standing signature shall as required by Ch	ated in Section	in 119.07(3)(i), Florida Statutes. I further certily that the information is legal effect as if made under oath; that I am an officer or director order.	
13. I hereby certify that the information supplied with this filing does per 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 accordate 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 refereive or trusted emowered 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 auditors with an other like empowered. SIGNATURE: SIGNATURE:							