

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0386408 AV

DOCUMENT # P01000069370

1. Entity Name
J.C.X-PRESS, INC.



05-05-2003 91783 023 ***150.00

Principal Place of Business
**10697 FASCINATION LANE
ROYAL PLAM BEACH FL 33411**

Mailing Address
**10697 FASCINATION LANE
ROYAL PLAM BEACH FL 33411**



2. Principal Place of Business
1214 PARKWAY CT.

3. Mailing Address
1214 PARKWAY CT.

Suite, Apt. #, etc.
WEST PALM BEACH FL.

Suite, Apt. #, etc.
WEST PALM BEACH FL.

☒ CHECK HERE IF MAKING CHANGES

Zip
33413

Country
USA

Zip
33413

Country
USA

4. FEI Number
65-1120267

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

**CABUS, JOSE
10697 FASCINATION LANE
ROYAL PLAM BEACH FL 33411**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$150.00
After May-1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **D- CABUS, JOSE**
STREET ADDRESS **10697 FASCINATION LANE**
CITY-ST-ZIP **ROYAL PLAM BEACH FL 33411**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 OF CABUS** 4/30/03 (561) 906-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)