

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-11-2002 90399 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010Q0C81082

1. Entity Name

C.C.F. CLINICAL ENTERPRISES, INC.
 EJJ Holdings, Inc.

Principal Place of Business

5394 SW 119TH AVE
 COOPER CITY FL 33330

Mailing Address

5394 SW 119TH AVE
 COOPER CITY FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1136043

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, ORLANDO C
 5394 SW 119TH AVE
 COOPER CITY FL 33330

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **DPS** ☐ Delete
 NAME **JENNIFER PIEDRA**
 STREET ADDRESS **5394 SW 119TH AVE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **DT** ☐ Delete
 NAME **DAVID ANTONI HAZZARDI, ELIZABETH**
 STREET ADDRESS **5394 SW 119TH AVE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **JENNIFER PIEDRA**
 STREET ADDRESS **5394 SW 119TH AVE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **ELIZABETH LOZZARI**
 STREET ADDRESS **10551 N BROWARD BLVD. # 207**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **Pres. Elect** ☐ Change ☒ Addition
 NAME **CLARA PIEDRA**
 STREET ADDRESS **5394 SW 119TH AVE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

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

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

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

Date

Daytime Phone #

CP2E034 (9/01)