## Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91181 006 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000103206

1. Entity Name JCE, INC.



•					}				
Principal Place 6637 BROOKI LAKE WORTH			Mailing Address 6637 BROOKHURST CIR. LAKE WORTH FL 33463						
		-							
2. Principal Place of Business		3. Mailing Address			- 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 32~ 0	02973	C Ap	plied For t Applicable	
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired   \$8.75 Addition Fee Required				]
6. Name and Address of Current Registered Agent				Ni	7. Name and Address of Ne	w Registered A	jent		7
ESCOBAR, JUAN				Name	•				
	OKHURST CIR.		Street Addre		P.O. Box Number is Not Accepta	able)			
LAKE WORTH FL 33463									1
				City		FL	Zip Code	<del></del> -	1
	named entity submits this statement fi	or the purpose of changin	g its registere	ed office or register	ed agent, or both, in the State of	Florida. I am fa	miliar with,	and accept	1
PICNATURE									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00				<del></del>	9. Election Campaign	Financino	\$5.0	<b>0</b> May Be	]
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Trust Fund Contribu			to Fees	-
10.			11.		ADDITIONS/CHANGES TO C	OFFICERS AND D	DIRECTORS	SIN 11	1_
TITLE NAME	D Defete		TITLE	1		1	Change	☐ Addition	CR2E034 (10/02)
STREET ADDRESS	6637 BROOKHURST CIR.			ET ADORÉSS					4
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-	ST-ZIP				·	] 🖁
TITLE			TITLE				Change	☐ Addition	189
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CITY-ST-ZIP				ST-ZIP					1
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NAME .		L Postit	NAME	j.		,	ondrigo.		1
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					1

12. I hereby certify that the information supplied with this filling 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 a yaddless, with all other like empowered.

**SIGNATURE:**