2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

404 WAHINGTON AVE

ATTN:CHINA GRILL

P92000006726

JC - JP, INC.

1. Entity Name



Mailing Address 404 WAHINGTON AVE ATTN:CHINA GRILL MIAMI BEACH FL 33139

2. Principal Place of	of Business	3. Mailing Address Suite, Apt. #, etc. City & State					
Suite, Apt. #, etc							
City & State							
Zip	Country	Zip Cour	ntry				

FILED Feb 13, 2003 8:00 am Secretary of State

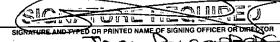
02-13-2003 90231 013 ***150.00



MIAMI BEACH FL 33139		MIAMI BEACH FL 33139									
2. Principal Place of Business		3. Mailing Address					30 01	a a itht saat	1 13610 Atti 1004		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. (4. FEI Number 65-0371010			Applied For Not Applicable			
Zip	Country	Zip		Country	5.	Certificate of Status Desired		8.75 Adee Requir			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
U. Maille and Address of Guillant Registrost Sys					Name						
CHODOROW, JEFFREY				Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
404 WAHINGTON AVE											
ATTN:CHII				İ							
miami be/	ACH FL 33139			City	_ ,	•	FL	Zip Co			
8. The above the obligati	named entity submits this statement for one of registered agent.	or the purp	ose of changing its re	gistered office or	registered ag	gent, or both, in the State of Florida	ı. I am fa	miliar witl	n, and accept		
SIGNATURE -	· .						DATE				
SIGNATORIE -	Signature, typed or printed name of registered agen	t and title if app	olicable. (NOTE: R	legistered Agent signatu	re required when i	reinstating)	-				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State				Election Campaign Finance Trust Fund Contribution.	ing 🔲		.00 May Be led to Fees		
	OFFICERS AND		I	11.	A	DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 11		
10.	DP		☐ Delete	TITLE				☐ Change	e 🔲 Addition		
NAME	CHODOROW, JEFFREY			NAME					1		
STREET ADDRESS	19925 NE 39 PLACE, PH 701			STREET ADDRESS CITY-ST-ZIP					1		
CITY-ST-ZIP	AVENTURA FL 33180							☐ Chang	e Addition		
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STREET ADDRESS				STREET ADDRESS					ļ		
CITY-ST-ZIP				CITY-ST-ZIP					ho information		
12 Lhoreby	certify that the information supplied w	ith this filin	a does not qualify for	the exemption sta	ited in Sectio	n 119.07(3)(i), Florida Statutes. I fu	irtner cer	iny inai ti	icer or director		

I nereby 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:



9520800