

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022108

1. Entity Name

J.J.C. APPAREL CONNECTION, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90040 019 ***158.75

Principal Place of Business

Mailing Address

... N.W. 27TH STREET
FL 33127

555 N.W. 27TH STREET
MIAMI FL 33127-4127

2. Principal Place of Business

3. Mailing Address

555 N.W. 27th St
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State
Miami FL

City & State

4. FEI Number

65-0653199

Applied For

Not Applicable

Zip
33127

Country
Dade

Zip

Country

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

MARDER, DONALD P
1390 SOUTH DIXIE HIGHWAY
SUITE 1203
CORAL GABLES FL 33146

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CAMARAZA, JORGE L	1901 BRICKELL AVE.	MIAMI FL 33129	<input type="checkbox"/>
VD	COLLAZO, RICARDO JR	9410 S.W. 32ND STREET	MIAMI FL 33165	<input type="checkbox"/>
SD	CAMARAZA, JOSEFINA	1901 BRICKELL AVE.	MIAMI FL 33129	<input type="checkbox"/>
TD	BELLACRUZ, YUNIOR	340 EAST 61ST STREET	HIALEAH FL 33013	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (9/99)