

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90155 027 ***150.00

DOCUMENT # P96000103035

1. Entity Name
JCK HOLDINGS, INC.

Principal Place of Business

**7225 NW 25TH ST
 SUITE 214
 MIAMI FL 33123**

Mailing Address

**9330 SW. 104TH CT
 MIAMI FL 33176**

802804



2. Principal Place of Business

3. Mailing Address

**17690 S. Dixie Hwy
 Suite B**

**9330 SW 104 CT
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0734764

Applied For

Not Applicable

Zip

Country

331 USA

Zip

Country

33176 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JOHN R
 9401 S.W. 106 AVENUE
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

**Name White John R.
 Street Address (P.O. Box Number is Not Acceptable)
 9330 SW 104 CT
 City Miami FL Zip Code 33176**

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)

04/27/2002
 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 **D** ☐ Delete
 NAME **WHITE, JOHN R**
 STREET ADDRESS **9401 S.W. 106 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **D** ☒ Change ☐ Addition
 NAME **White, John R.**
 STREET ADDRESS **9330 SW 104 CT.**
 CITY-ST-ZIP **miami, FL 33176**

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

TITLE ☐ Change ☐ Addition
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 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

4-22-2002

Date

Daytime Phone #

CR2E034(9/01)A