

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90018 009 ***550.00

DOCUMENT # P97000015365

1. Entity Name
J.C. OUTLETS, INC.

Principal Place of Business

~~1210 STIRLING RD
 BAY 1 A & B
 DANIA FL 33004
 US~~

Mailing Address

~~3800 NORTH HILLS DR #108
 HOLLYWOOD FL 33021~~

2. Principal Place of Business

7380 NW 36 Street

3. Mailing Address

7380 NW 36 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderh. ll FL

City & State

Lauderh. ll FL

Zip

Country

33319

Zip

Country

33319

4. FEI Number

65-0735107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CASCIOLA, JO ELLEN
 3800 NORTH HILLS DR #108
 HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name **PAUL CHAIET**

Street Address (P.O. Box Number is Not Acceptable)

7380 NW 36 Street

City

Lauderh. ll

FL

Zip Code

33319

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

Paul Chaiet

9/5/00

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☒ Delete
 NAME **CASCIOLA, JO ELLEN**
 STREET ADDRESS **3800 NORTH HILLS DR, #108**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P,VP,T,S,D** ☐ Change ☒ Addition
 NAME **PAUL CHAIET**
 STREET ADDRESS **7380 NW 36 Street**
 CITY-ST-ZIP **Lauderh. ll FL 33319**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

Paul Chaiet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

Date

754 741-8470

Daytime Phone #

CR2E034 (5/00)