

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 045 ***158.75

DOCUMENT # **P97000052357**

1. Entity Name

JCAA ENTERPRISES, INCORPORATED ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1001 W. JASMINE DR.

3. Mailing Address

P.O. Box 530946

Suite, Apt. #, etc.

J-1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK FL

City & State

LAKE PARK FL

4. FEI Number

05-0762424

Applied For

Not Applicable

Zip

33403

Country

U.S.A.

Zip

33403

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BAMBI MSHIAON-TURNER

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

543 W. KALMIA DR., APT. 8

City

LAKE PARK

FL

Zip Code

33403

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAMBI MSHIAON-TURNER 543 W. KALMIA DR., APT. 8 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN M. TURNER III 701 MUIRFIELD DRIVE WINDER, GA 30680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER LISA D. CHAPPELLE 248 REYNOLDS TERRACE, APT. 1-N ORANGE, NJ 07050
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bamby Mshiaon-Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BAMBI MSHIAON-TURNER

4/30/02

Date

Daytime Phone #

(561) 254-0978

CR2E034B (12/01)