

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088705

1. Entity Name

CJC SYNCOPY, LIMITED INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90071 021 ***150.00

Principal Place of Business

19999 E. COUNTRY DR
AVENTURA FL 33180
US

Mailing Address

19999 E. COUNTRY DR
AVENTURA FL 33180
US

2. Principal Place of Business

2707 OAKmont

Suite, Apt. #, etc.

3. Mailing Address

~~2707~~ 2707 OAKmont

Suite, Apt. #, etc.

City & State

Weston FLA

City & State

Weston, FLA

4. FEI Number

65-0786242

Applied For

Not Applicable

Zip

33332

Country

Zip

33332

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, BARBARA L
2425 E. COMMERCIAL BLVD., STE. 307
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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)



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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME FAILLA, CARL J
STREET ADDRESS 21224 HARBOUR WAY, UNIT 231
CITY-ST-ZIP AVENTURA FL 33180-3521 ☐ Delete

TITLE DSV
NAME FAILLA, JOAN F
STREET ADDRESS 21224 HARBOUR WAY, UNIT 231
CITY-ST-ZIP AVENTURA FL 33180-3521 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

CARL J. FAILLA

5/1/00

Date

9543842632

Daytime Phone #

CR2E034 (9/99)