·2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # **P97000091670** 1. Entity Name 3 .... JOHNNY JAMES, INC. 07-07-2000 90406 015 \*\*\*150.00 Principal Place of Business Mailing Address 7415 NW 44TH ST #1412 7415 NW 44TH ST #1412 FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319-3953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE رة بر 🦳 س 21 City & State City & State 4. FEI Number Applied For 65-0795852 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES, JOHNNY Street Address (P.O. Box Number is Not Acceptable) 7415 NW 44TH ST #1412 LAUDERHILL FL 33379 Zip Code City 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 revistating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See oriteria on back) --Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 DP 66/6 ☐ Addition TITLE Delete ☐ Change JAMES, JOHNNY NAME NAME CR2E034 7415 NW 44TH ST #1412 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33319 CITY-ST-ZIP ☐ Change Addition Oelete. TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 3 1945 P. L. CITY-ST-ZIP CITY-ST-ZIP ' Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Dalete TITLE ☐ Addition IRILE A. Fen 14 6: NAME The innered STREET ADDRESS CITY-ST-ZIP 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 the emport of 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 the emport of 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 the emport of 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 the emport of the receiver or trustee.