

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000007496

Entity Name

JAC EXPRESS INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90097 030 ***158.75

Principal Place of Business

Mailing Address

Principal Place of Business

4032 PINE RIDGE LANE
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 267274
Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

65-0807627

Applied For

Not Applicable

Zip

33331

Country

BROWARD

Zip

33326-7274

Country

BROWARD

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

E0087941

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JORGE A CHEVASCO

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

4032 PINE RIDGE LANE

City

WESTON

FL

Zip Code
33331

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE ME REET ADDRESS Y-ST-ZIP	PRESIDENT JORGE A CHEVASCO 4032 PINE RIDGE LANE Weston FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-00

954-2618424

CR2E034 (9/99)