

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009561

1. Entity Name

JC ENGINEERING, INC.

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

05-11-2000 90302 024 ***158.75

Principal Place of Business

Mailing Address

PO BOX 558183

MIAMI FL 33255

US

PO BOX 558183

MIAMI FL 33255-0183

US

2. Principal Place of Business

251 CRESTVIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

251 CRESTVIEW DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FL

4. FEI Number

65-0810267

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
CHAN, JUAN A
~~6470 SW 41ST ST APT 20~~
MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

251 CRESTVIEW DR.
CLERMONT, FL 34711

TITLE
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☐ 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: CHACUIRE JUAN A. CHAN PRESIDENT 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)