

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90388 001 ***150.00

DOCUMENT # P98000091735

1. Entity Name
J-CHAMBERS CORP.



Principal Place of Business
**4381 N.W. 120TH LANE
SUNRISE FL 33323**

Mailing Address
**4381 N.W. 120TH LANE
SUNRISE FL 33323**



2. Principal Place of Business
2261 NW 49 AVE

3. Mailing Address
2261 NW 49 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LAUDERHILL FL

City & State
LAUDERHILL FL

4. FEI Number **65-0873090**

Applied For
Not Applicable

Zip **33313** Country **USA**

Zip **33313** 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

**CHAMBERS, JOSHUA
4381 N.W. 120TH LANE
SUNRISE FL 33323**

Name **Joshua Chambers**
Street Address (P.O. Box Number is Not Acceptable)
2261 NW 49 AVE
City **LAUDERHILL** **FL** Zip **33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CHAMBERS, JOSHUA**
STREET ADDRESS **4381 NW 120 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **President** ☒ Change ☐ Addition
NAME **Chambers, Joshua**
STREET ADDRESS **2261 NW 49 AVE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 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

3.31.2003 **954-288-1396**
Date Daytime Phone #

CR2E034 (10/02)