

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007028

1. Entity Name

CJO ENTERPRISES INC.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90039 011 \*\*\*150.00

Principal Place of Business

Mailing Address

3178 SE IRIS STREET  
STUART FL 34990

3178 SE IRIS STREET  
STUART FL 34997-5391

2. Principal Place of Business

570 43rd SE

3. Mailing Address

931 Village Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

905-400



DO NOT WRITE IN THIS SPACE

City & State

West Palm Bch FL

City & State

West Palm Bch FL

4. FEI Number

65-0978174

☒ Applied For  
☐ Not Applicable

Zip

33407

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OCCHIPINTI, CHRISTOPHER J  
3178 SE IRIS STREET  
STUART FL 34990

7. Name and Address of New Registered Agent

Name: DOMINICK LIOCE  
Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Bch Lakes Blvd #1200  
City: West Palm Bch FL Zip Code: 33401

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

DOMINICK LIOCE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

4-12-00

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	D	<input type="checkbox"/> Delete
NAME	OCCHIPINTI, CHRISTOPHER J	
STREET ADDRESS	3178 SE IRIS STREET	
CITY-ST-ZIP	STUART FL 34990	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Caulfield, MARY	
STREET ADDRESS	5712 57th WAY	
CITY-ST-ZIP	West Palm Bch FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHIPINTI, Christopher	
STREET ADDRESS	931 Village Blvd - 905-400	
CITY-ST-ZIP	West Palm Bch, FL 33409	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caulfield, MARY	
STREET ADDRESS	5712 57th WAY	
CITY-ST-ZIP	West Palm Bch FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 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

Date

Daytime Phone #

4-12-00 561-254-6199

CR2E034 (9/99)