

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000007418

1. Entity Name

JACKIE WATSON'S 10 COMMANDMENTS, INC.

R

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-18-2000 90369 013 ***150.00

Principal Place of Business

Mailing Address

% JACQUELINE WATSON
524 WASHINGTON AVE. #305
MIAMI BEACH FL 33139

% JACQUELINE WATSON
524 WASHINGTON AVE. #305
MIAMI BEACH FL 33139-6689

2. Principal Place of Business

3. Mailing Address

Jacqueline WATSON

Jacqueline WATSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

945 Euclid Ave #3

945 Euclid Ave #3

City & State

City & State

Miami Beach FL

Miami Beach FL

Zip

Zip

33139

33139

Country

Country

USA

USA

4. FEI Number

650891635

Applied For

Not Applicable

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

RUTECKI, HEATHER A ESQ.
RUTECKI & RUTECKI, P.A.
100 S.E. 2ND ST. 34TH FLOOR
MIAMI FL 33131

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 reissuing)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WATSON, JACQUELINE
CITY-ST-ZIP 524 WASHINGTON AVE. #305
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME WATSON Jacqueline
STREET ADDRESS 945 Euclid Ave #3
CITY-ST-ZIP Miami Beach FL 33139

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

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TITLE ☐ Change ☐ 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:

Jacqueline WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

305 6748401

Date

Daytime Phone