

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012549

1. Entity Name
GJCSC INVESTMENTS, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90442 001 ***150.00

Principal Place of Business
3202 E ATLANTIC BLVD
POMPANO BEACH FL 33064

Mailing Address
3202 E ATLANTIC BLVD
POMPANO BEACH FL 33064

2. Principal Place of Business
1388 E. Oakland Park Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1388 E. Oakland Park Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Oakland Park, FL
Zip
33334
Country
USA

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Oakland Park, FL
Zip
33334
Country
USA

4. FEI Number 65-0909181

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

HOWARD J. MILCHMAN, P.A.
9600 W SAMPLE RD, SUITE 507
CORAL SPRINGS FL FL330-65

Name
Craig Caffro
Street Address (P.O. Box Number is Not Acceptable)
1388 E. Oakland Park Blvd.
Oakland Park FL 33334

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

4/15/01
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, 2001 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	P CAFFRO, JANET 3370 BEAN RIVAGE DR CY POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUSHINSKY, DONNA 1880 3RD ST POMPANO BEACH FL 33062	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Donna Pushinsky 1388 E. Oakland Park Blvd. Oakland Park, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donna Pushinsky 4/15/01 954-630-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)