

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90013-035-\$550.00-\$550.00

DOCUMENT # P99000019183

1. Entity Name

JP COIN, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT -9 AM 8:28

Principal Place of Business

1125 SEVILLA AVENUE  
CORAL GABLES FL 33134

Mailing Address

1125 SEVILLA AVENUE  
CORAL GABLES FL 33134

AUU78316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1125 SEVILLA Ave.

3. Mailing Address

1125 SEVILLA Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

US

Zip

33134

Country

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ.  
FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD. #1870  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President & Tres.  
Marc Gardner  
1125 Seville Ave.

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Coral Gables, FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V.P. & Secretary  
Sandy Gardner  
1125 Seville Ave.

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Coral Gables, FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

917-3243000

Daytime Phone

CR2E034 (5/00)