

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90064 030 ***150.00

DOCUMENT # P99000022900 ✓
 1. Entity Name
JCK SERVICES, INC.

Principal Place of Business Mailing Address
350 LINCOLN RD #412 SAME
MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
350 LINCOLN RD SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
412

City & State
MIAMI BEACH FL
 Zip Country
33139 USA

City & State
 Zip Country

4. FEI Number
65-0878916
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIA FABRIZZI
75 S. SHORE DR #3B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Julio C. LORA**
 Street Address (P.O. Box Number is Not Acceptable)
350 LINCOLN RD #412
 City **MIAMI BEACH FL** Zip Code **33139**

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 **Julio C. Lora** **Julio C. LORA President**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/28/01
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	Julio C. LORA	337 20th St #206 MB FL 33139		
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	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td>	CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: **Julio C. Lora**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 305 535 4264
 Date Daytime Phone #

CR2E034 (11/00)