

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047853

1. Entity Name
JCJ IMPORT AND EXPORT SERVICES, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90149 001 ***550.00
08-21-2000 90149 002 *****8.75

Principal Place of Business
1035 CARBONE WAY
APOPKA FL 32703

Mailing Address
1035 CARBONE WAY
APOPKA FL 32703

2. Principal Place of Business
5666 CENTURY 21 BLVD
Suite, Apt. #, etc.
60

3. Mailing Address
5666 CENTURY 21 BLVD
Suite, Apt. #, etc.
60

City & State
Orlando, FL
Zip
32807-2202
Country
USA

City & State
Orlando, FL
Zip
32807-2202
Country
USA

4. FEI Number
59-3619755
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE SOUSA, JOSE E
1035 CARBONE WAY
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
DE SOUSA, JOSE E
Street Address (P.O. Box Number is Not Acceptable)
5666 CENTURY 21 BLVD #60
City
Orlando FL Zip Code
32807-2202

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D DE SOUSA, JOSE E 1035 CARBONE WAY APOPKA FL 32703	<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	D DE SOUSA, JOSE E 5666 CENTURY 21 BLVD #60 Orlando, FL 32807-2202	<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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/00

Date

407-6575196

Daytime Phone #

CR2E034 (5/00)