

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90162 008 ***150.00

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



Principal Place of Business
5666 CENTURY 21 BLVD
60
ORLANDO FL 32807-2202

Mailing Address
5666 CENTURY 21 BLVD
60
ORLANDO FL 32807-2202

2. Principal Place of Business

647 JAMESTOWN BLVD
Suite, Apt. #, etc.
2170

City & State
ALTAMONTE SPRINGS

Zip
32714 **Country**
SEMINOLE

3. Mailing Address

647 JAMESTOWN BLVD
Suite, Apt. #, etc.
2170

City & State
ALTAMONTE SPRINGS

Zip
32714 **Country**
SEMINOLE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3619755**

☒ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE SOUSA, JOSE E
5666 CENTURY 21 BLVD #60
ORLANDO FL 32807-2202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DE SOUSA, JOSE E
STREET ADDRESS
5666 CENTURY 21 BLVD #60
CITY-ST-ZIP
ORLANDO FL 32807-2202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DE SOUSA, JOSE E
STREET ADDRESS
647 JAMESTOWN BLVD #2170
CITY-ST-ZIP
ALTAMONTE SPRINGS FL. 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

04-20-03

Date

407-9286094

Daytime Phone #

CR2E034 (10/02)