

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P99000080487

1. Entity Name

J.C. PHONE CARDS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90016 032 \*\*\*150.00

Principal Place of Business	Mailing Address
1865 CAUSEWAY 79 STREET, SUITE 15-H NORTH BAY VILLAGE MIAMI FL 33141	1865 CAUSEWAY 79 STREET, SUITE 15-H NORTH BAY VILLAGE MIAMI FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0947514

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

CARDONA, ESTHER J  
1865 CAUSEWAY 79 STREET, SUITE 15-H  
NORTH BAY VILLAGE  
MIAMI FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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 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 \$150.00**  
**After MAY 1, 2000 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	P.	<input type="checkbox"/> Delete
NAME	CARDONA, ESTHER J.	
STREET ADDRESS	1865 CAUSEWAY 79 STREET-STE.15-H	
CITY-ST-ZIP	NORTH BAY VILLAGE, MIAMI, FL. 33141	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Esther J. Cardona*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 305 864 9473  
Date Daytime Phone #

CR2E034 (9/99)