

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000091472

1. Entity Name

JC X-TREME ENTERPRISE, INC.

FILED

00 OCT 17 AM 11:48

Principal Place of Business

Mailing Address

4374 NW 9TH AVENUE #275
POMPANO BEACH FL 33064

4374 NW 9TH AVENUE #275
POMPANO BEACH FL 33064-1716

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

8800 SW 10th St
Suite, Apt. #, etc.

8800 SW 10th St
Suite, Apt. #, etc.



05/10/2000 90004-002 \$150.00

City & State

Boca Raton FLORIDA

City & State

Boca Raton FLORIDA

4. FEI Number

65-0954613

Applied For

Not Applicable

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

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

CARRASQUILLO, JASON
4374 NW 9TH AVENUE #275
POMPANO BEACH FL 33064

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-00

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00

Date

821-6183

Daytime Phone #

CR2E034 (9/99)

J.C. X-TREME ENTERPRISE INC.

Phone 561-218-1816
Fax 561-487-9621

October 11, 2000

ATT. KATHY ASHTON
PO BOX 6327
TALLAHASSEE 32314

409 EAST GAINES ST.
TALLAHASSEE FL. 32399

TO: WHOM THIS MAY CONCERN

My name is Jason A. Carrasquillo and I am the President of J.C. X-treme Enterprise Inc. In the beginning of the year I received a letter from you stating to list my officer and directors, I felt I completed the forms correctly then I submitted the form with a check enclosed for \$150.00. Today I looked on to see about my corporation online and seen it was dissolved I called to find out why and I spoke with a young lady named Kathy Ashton She told me to write this letter and explain that I am a New business owner and I did not receive any letters stating that I completed the forms wrong. I am asking you to waive any Fees charged for me not completing the form correctly I felt I did it to the best to my knowledge and never heard a response. I thought every thing was fine due to the fact that my check was cashed. Once again I do apologize for the inconvenience please reinstate my corporation and waive any fees.

Sincerely,

P
Jason A. Carrasquillo President