

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90446 044 ***150.00

DOCUMENT # P99000091472

1. Entity Name

JC X-TREME ENTERPRISE, INC.

Principal Place of Business

**8800 S.W. 10TH STREET
BOCA RATON FL 33433**

Mailing Address

**8800 S.W. 10TH STREET
BOCA RATON FL 33433**

2. Principal Place of Business

8122 GUNDES RD

3. Mailing Address

8122 GUNDES RD

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

BOCA RATON FL 33434

City & State

BOCA RATON FLORIDA

Zip

33434

Country

PALM BEACH

Zip

33434

Country

PALM BEACH

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0954613

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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.

SIGNATURE Jason Carrasquillo
Signature, typed or printed name of registered agent and title if applicable.President

(NOTE: Registered Agent signature required when reinstating)

1-2-00

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	P	<input type="checkbox"/> Delete
NAME	CARRASQUILLO, JASON	
STREET ADDRESS	8800 S.W. 10TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-00

Date

(561) 218 1816

Daytime Phone #

CR2E034 (10/00)