

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06976

1. Entity Name

SJCH INVESTMENTS INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90963 049 \*\*\*150.00

Principal Place of Business

Mailing Address

660 N.E. 95TH ST.

660 N.E. 95TH ST.

#1

#1

MIAMI SHORES FL 33138

MIAMI SHORES FL 33138-2758

US

US

2. Principal Place of Business

3. Mailing Address

734 NE 119 St

734 NE 119 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Biscayne Park, FL

Biscayne Park, FL

Zip

Country

Zip

Country

33161

US

33161

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, CHESTER H. M P.A.  
660 N.E. 95TH ST.  
SUITE #1  
MIAMI SHORE FL 33138

Name

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

734 NE 119 St

City

Biscayne Park

FL

Zip Code

33161

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS MORRIS, CHESTER  
CITY-ST-ZIP 660 NE 95TH STREET  
MIAMI SHORES FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 734 NE 119 St  
CITY-ST-ZIP Biscayne Park, FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester H. Morris

Date 4/27/00

Daytime Phone # 305-757-2557

CR2E034 (9/99)