

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06976

1. Entity Name
SJCH INVESTMENTS INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90007 025 ***150.00

Principal Place of Business
**660 N.E. 95TH ST.
#1
MIAMI SHORES FL 33138
US**

Mailing Address
**660 N.E. 95TH ST.
#1
MIAMI SHORES FL 33138
US**

2. Principal Place of Business
734 NE 119 Street

3. Mailing Address
734 NE 119 Street

Suite, Apt. #, etc.

City & State
Biscayne Park, FL

City & State
Biscayne Park, FL

Zip Country
33161-6359 Dade

Zip Country
33161-6359 Dade

4. FEI Number **65-0319943**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MORRIS, CHESTER H. M P.A.
660 N.E. 95TH ST.
SUITE #1
MIAMI SHORE FL 33138**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
734 NE 119 Street
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, CHESTER		NAME		
STREET ADDRESS	660 NE 95TH STREET		STREET ADDRESS	734 NE 119 Street	
CITY-ST-ZIP	MIAMI SHORES FL		CITY-ST-ZIP	Biscayne Park, FL 33161-6359	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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:  **Chester H. Morris** **3/1/01** **305-757-2557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)