## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State

DOCUMENT # 423679  1. Entity Name							Secretary of State 04-30-2001 90387 031 ***158.75			
Jodee, I	Tnc					4				
Principal Place of Business Mailing Address										
Jodee, 3 3100 N. Hollywoo		Jodee, Inc. 3100 N. 29th Avenue Hollywood, FL 33020 US					00043429			
US 2. Principal Pl	ace of Business	3. Mailing Address					this end of			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State	•	City & State				El Number -1457330		Applied For Not Applicable		
Zip Country		Zip	Zip Co		ntry	5. Certificate of Status Desired X \$8.75 Additional Fee Required		Additional		
^	6. Name and Address of Curre	nt Registere	d Agent			7. Na	me and Address of New Register			
Steven Altman 3300 N.E. 192 Street Aventura, FL 33180					Steven Altman Street Address (P.O. Box Number is Not Acceptable) 3370 Hidden Bay Drive #2411					
SIGNATURE	named entity submits this statem	•		its regi		e or register	red agent, or both, in the State of Flo	' <b>-</b> 1331	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9. This corpo	ration is eligible to satisfy its Intan equirement and elects to do so.				i 50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5	.00 May Be led to Fees		
11.	OFFICERS AN	D DIRECTO	RS	12.	<u> </u>	ADDIT	IONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 11	
MGR Steven Altman STREET ADDRESS CITY ST - ZIP AVENTURA, FL 33180						MGR Steve	R X Change C even Altman 70 Hidden Bay Drive #2411 Tentura, FL 33180			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jodee Greenberg 2030 So. Ocean Hollywood, FL 3	Delete			MGRM Jodee	e Greenberg Hidden Bay Drive	X Char #2411	ige Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete		i			Char	nge Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete					Char	nge Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete	TITLE NAMI STRE				Chai	nge Addition	
TITLE NAME			Delete	TITLE	<u>:</u>	:	·	Chai	nge Addition	

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.

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STREET ADDRESS

CITY - ST - ZIP