

DOCUMENT # 731551

1. Entity Name

JEWISH MARRIAGE EXPERIENCE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-13-2000 90040 022 ****61.25

Principal Place of Business 9917A SUMMERBROOK TERR APT A BOYNTON BCH FL 33437-6108 US	Mailing Address 9917A SUMMERBROOK TERR APT A BOYNTON BCH FL 33437-3835 6108 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-0209464	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, ALAN
 9917A SUMMERBROOK TERR
 BOYNTON BCH FL 33437

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 Alan Gordon ALAN GORDON 1/03/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME ROBBINS, JOSEPH R.	<input type="checkbox"/> Delete
STREET ADDRESS 7264 FAIRFAX DRIVE	CITY-ST-ZIP TAMARAC FL 33321	
TITLE S	NAME ROBBINS, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS 7264 FAIRFAX DRIVE	CITY-ST-ZIP TAMARAC FL 33321-F	
TITLE D TD	NAME GORDON, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS 9917A SUMMERBROOK TERR	CITY-ST-ZIP BOYNTON BCH FL	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

TITLE PD	NAME Robbins, Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1232 NW 143 AVENUE	CITY-ST-ZIP Pembrokete Pines, FL 33028	
TITLE S	NAME Robbins, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1232 NW 143 AVENUE	CITY-ST-ZIP Pembrokete Pines, FL 33028	
TITLE D TD	NAME GORDON, ALAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9917A SUMMERBROOK TERR	CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE RECALLED 1/03/00 561-735-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)