

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90318 048 ***150.00

DOCUMENT # F94643

1. Entity Name
JAFTO INVESTMENTS, INC.

Principal Place of Business 1000 CORPORATE DRIVE SUITE 210 FT. LAUDERDALE FL 33334	Mailing Address 1000 CORPORATE DRIVE SUITE 210 FT. LAUDERDALE FL 33334
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00024903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2214474		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ROSENBERG, JEFFREY M. 1000 CORPORATE DRIVE SUITE 210 FT. LAUDERDALE FL 33334				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: DATE: 3/7/01

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, PAUL			NAME			
STREET ADDRESS	4539 BOCAIRE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, ELEANOR			NAME			
STREET ADDRESS	4539 BOCAIRE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENBERG, JEFFREY M			NAME			
STREET ADDRESS	2678 NW 64TH BLVD			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, BRUCE			NAME			
STREET ADDRESS	5910 S.W. 37TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENBERG, BARBARA C.			NAME			
STREET ADDRESS	2678 NW 64TH BLVD			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			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			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DATE: 3/7/01 954-771-3305

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)