

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90086 014 ***150.00

DOCUMENT # **H 01441**
 1. Entity Name **JFG INTERNATIONAL, INC**

ADD45987

Principal Place of Business **8240 Cleary Blvd #2405 Plantation, FL 33324**
 Mailing Address **P.O. Box 15580 Plantation, FL 33318**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8240 Cleary Blvd #2405**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 15580**
 Suite, Apt. #, etc.

City & State **Plantation, FL**

City & State **Plantation, FL**

4. FEI Number **59-2620353**
 Applied For Not Applicable

Zip **33324** Country **U.S.A.**

Zip **33318** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent
JULIAN F. GOLPA
P.O. Box 15580
Plantation, FL 33318

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) 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, 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 NAME STREET ADDRESS CITY-ST-ZIP | President JULIAN F. GOLPA 9020 W. State Rd. 84 DAVIE, FL 33324 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **JULIAN F. GOLPA** **4/13/01** **(954) 494-7700**

 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/00)