

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90147 001 ***150.00
 02-14-2000 90147 002 *****8.75

DOCUMENT # J53907

1. Entity Name

JADE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

6610 E. ROGERS CIRCLE
 BOCA RATON FL 33487

6610 E. ROGERS CIRCLE
 BOCA RATON FL 33487-2619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0002108

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VAUDRIN, NICOLE
 801 SW 27TH STREET
 FT LAUDERDALE FL 33315~~

**Nicole & Henri Vaudrin
 4611 NW 44th Street
 Tamarac, FL 33319**

NEW Address

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 reinstating)

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, SERGE	NAME	
STREET ADDRESS	5499 HAVERFORD WAY	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUDRIN, HENRI	NAME	Vaudrin, Henri
STREET ADDRESS	801 SW 27TH STREET	STREET ADDRESS	4611 NW 44th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	Tamarac, Fl 33319
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUDRIN, NICOLE	NAME	Vaudrin, Nicole
STREET ADDRESS	801 SW 27TH STREET	STREET ADDRESS	4611 NW 44th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	Tamarac, Fl 33319
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUDRIN, NICOLE	NAME	Vaudrin, Nicole
STREET ADDRESS	801 SW 27TH STREET	STREET ADDRESS	4611 NW 44th Street
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	Tamarac, Fl 33319
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	

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:

Nicole Vaudrin Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicole Vaudrin President 01-25-2000 (561)997-8552

Date

Daytime Phone #