

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 08:00 AM
Secretary of State

DOCUMENT # J53907

1. Entity Name
JADE COMMUNICATIONS, INC.

| | |
|---|---|
| Principal Place of Business 6610 E. ROGERS CIRCLE BOCA RATON FL 33487 | Mailing Address 6610 E. ROGERS CIRCLE BOCA RATON FL 33487 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0002108 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

6. Name and Address of Current Registered Agent

VAUDRIN, NICOLE
 4611 NW 44TH STREET

 TAMARAC FL 33319

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.

01/11/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

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 | | | |
|----------------------------|---------------------|---------------------------------|--|
| TITLE | PST | <input type="checkbox"/> Delete | |
| NAME | VAUDRIN, NICOLE | | |
| STREET ADDRESS | 4611 NW 44TH STREET | | |
| CITY-ST-ZIP | TAMARAC FL 33319 | | |
| TITLE | VP | <input type="checkbox"/> Delete | |
| NAME | VAUDRIN, HENRI | | |
| STREET ADDRESS | 4611 NW 44TH ST | | |
| CITY-ST-ZIP | TAMARAC FL 33319 | | |
| TITLE | VP | <input type="checkbox"/> Delete | |
| NAME | LEBLANC, SERGE | | |
| STREET ADDRESS | 5499 HAVERFORD WAY | | |
| CITY-ST-ZIP | LAKE WORTH FL | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|---------------------|--|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEBLANC, SERGE | | |
| STREET ADDRESS | 5499 HAVERFORD WAY | | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PST 01/11/2001

Date Daytime Phone #

CR2E034 (11/00)