

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49294

1. Entity Name

JAMAICANS OF THE PALM BEACHES, INC

Principal Place of Business

4200 LATONA AVE.
WEST PALM BEACH FL 33407

Mailing Address

4200 LATONA AVE.
WEST PALM BEACH FL 33407

2. Principal Place of Business

408-17TH STREET
Suite, Apt. #, etc.

3. Mailing Address

408-17TH ST.
Suite, Apt. #, etc.

City & State

WEST PALM BCH, FL
Zip

33407

Country

U.S.A

City & State

W.P.B., FL
Zip

33407

Country

U.S.A

4. FEI Number

65-0348218

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENTON, HOPETON
4200 LATONA AVE.
W. PALM BEACH FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BODDEN, MARCIA
1601 40TH STREET
WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WHITELY, JENNY R
742 MAGNOLIA DRIVE
LAKE PARK FL 33403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GRANT, ALVIN
507 HURON PL.
WEST PALM BEACH FL 33409 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WATERMAN, DORETT
5285 MARCIA PL.
WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOPETON, KENTON
4200 LATONA AVE.
W. PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: KENTON, HOPETON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01 (561) 804-9660

Daytime Phone #

80043819



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)