

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90133 011 \*\*\*158.75

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**DOCUMENT #** P02000007610

**1. Entity Name**  
JB VALET COMPANY, INC.



**Principal Place of Business**  
8211 WEST BROWARD BLVD #350  
PLANTATION FL 33324

**Mailing Address**  
8211 WEST BROWARD BLVD #350  
PLANTATION FL 33324



**2. Principal Place of Business**  
2920 SW 30th Ave  
Suite, Apt. #, etc.

**Mailing Address**  
3440 Hollywood Blvd  
Suite 470

CHECK HERE IF MAKING CHANGES

**City & State**  
Pembroke Park FL

**City & State**  
Hollywood FL

**Zip**  
33009

**Country**  
USA

**Zip**  
33021

**Country**  
USA

**4. FEL Number**  
05-0571693

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
BLANKE, JOHN  
8211 WEST BROWARD BLVD #350  
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**  
Name: Shelby Mims  
Street Address (P.O. Box Number is Not Acceptable): 3440 Hollywood Blvd  
Suite 470  
City: Hollywood FL Zip Code: 33021

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: *Shelby Mims* DATE: 1/24/03

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANKE, JOHN 8211 WEST BROWARD BLVD #350 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAMUELS, BRANDON 8211 WEST BROWARD BLVD #350 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MIMS, SHELBY 3440 Hollywood Blvd Ste 470 Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP J BLANKE, JOHN 3440 Hollywood Blvd Ste 470 Hollywood FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAMUELS, BRANDON 3440 Hollywood Blvd Ste 470 Hollywood FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like name empowered.**

SIGNATURE: *Shelby Mims* DATE: 1/24/03 9549612787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)