

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90032 015 ***150.00

DOCUMENT # P99000042121

1. Entity Name
JACQUIE'S PLACE ENTERPRISES, INC.

Principal Place of Business 23123 STATE ROAD 7, STE. 300F BOCA RATON FL 33428	Mailing Address 23123 STATE ROAD 7, STE. 300F BOCA RATON FL 33428
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C0025236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0958087		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GLICKMAN, HAROLD M 23123 STATE ROAD 7, STE. 300F BOCA RATON FL 33428				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICKMAN, HAROLD M			NAME			
STREET ADDRESS	6320 BOCA DEL MAR DR., #508			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICKMAN, JACQUELINE			NAME			
STREET ADDRESS	6320 BOCA DEL MAR DR., #508			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433			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			
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, within other like empowered.

SIGNATURE: *Harold M. Glickman* **HAROLD M. GLICKMAN** 1-28-01 561-451-4990
SIGNATURE AND EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 9, 2001

JACQUIE'S PLACE ENTERPRISES, INC.
23123 STATE ROAD 7, STE. 300F
BOCA RATON, FL 33428

Subject: JACQUIE'S PLACE ENTERPRISES, INC.

Reference: P99000042121
Number:

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/r
ANNUAL REPORTS SECTION

mailed 2-20-01