

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 044 ***550.00

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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~~

2. Principal Place of Business
6320 Boca Del Mar Drive

3. Mailing Address
6320 Boca Del Mar Drive

Suite, Apt. #, etc.
506

City & State
BOCA RATON FL

Zip
33433

Country
Palm Beach



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GLICKMAN, HAROLD M
23123 STATE ROAD 7, STE. 300F
BOCA RATON FL 33428

4. FEI Number **65-0958087**

Applied For
 Not Applicable

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

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

SIGNATURE **Harold Glickman, V.P.** DATE **7-24-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GLICKMAN, HAROLD M 6320 BOCA DEL MAR DR., #506 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GLICKMAN, JACQUELINE 6320 BOCA DEL MAR DR., #506 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Harold Glickman, V.P.** DATE **7-24-03** TIME **561-368-3417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)