

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90029 038 \*\*\*150.00

**DOCUMENT # V56262**

1. Entity Name  
**JADE E DESIGNS, INC.**

Principal Place of Business <b>955 TREASURE LANE          VERO BEACH FL 32963          US</b>	Mailing Address <b>955 TREASURE LANE          VERO BEACH FL 32963-3044          US</b>
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00000713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4800 N AIA</b>	3. Mailing Address <b>4800 N AIA</b>
Suite, Apt. #, etc. <b>418</b>	Suite, Apt. #, etc. <b>418</b>

City & State <b>VERO BEACH, FL.</b>	City & State <b>VERO BEACH, FL</b>	4. FEI Number <b>59-3138953</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32963</b>	Country <b>INDIAN R</b>	Zip <b>32963</b>	Country <b>INDIAN R</b>

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

6. Name and Address of Current Registered Agent  
**MAZARIN, SANFORD  
 955 TREASURE LANE  
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
 Name **SANFORD MAZARIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4800 N AIA**  
**APT 418**  
 City **VERO BEACH** FL Zip Code **32963**

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 **SANFORD MAZARIN** / *Sanford Mazarin* 1/3/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MAZARIN, SANFORD 955 TREASURE LANE VERO BEACH FL</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAZARIN, SANFORD</b> <input type="checkbox"/> Change <input type="checkbox"/> * <b>4800 N AIA APT 418</b> <b>VERO BEACH, FL. 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SANFORD MAZARIN** / *Sanford Mazarin* 1/3/00 **56/234/523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #