

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630567

1. Entity Name

JOFRE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90028 035 ***150.00

Principal Place of Business

Mailing Address

1744 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33334

1744 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33334-5721

2. Principal Place of Business

2707 E COMMERCIAL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FL

4. FEI Number

59-1934646

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLTON, JOSEPH C.
1744 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33334

Name

BOLTON, JOSEPH C.
Street Address (P.O. Box Number is Not Acceptable)

2707 E. COMMERCIAL BLVD

City

FT. LAUDERDALE

FL

Zip Code

33308

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

Joseph C. Bolton President

4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BOLTON, JOSEPH C.
STREET ADDRESS 1744 E. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☒ Change ☐ Addition
NAME BOLTON, JOSEPH C.
STREET ADDRESS 2707 E. COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Joseph C. Bolton President

4/13/00 (954) 771-2922

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)