

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90231 036 ***150.00

0088047

DOCUMENT # 633594

1. Entity Name
JENASOL, INC.

Principal Place of Business Mailing Address
580 ANSIN BLVD **580 ANSIN BLVD**
HALLANDALE FL 33009 **HALLANDALE FL 33009**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **13-2894711** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRIED, JACK
518 HIBISCUS DR
HALLANDALE FL 33309

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.

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)

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	T <input checked="" type="checkbox"/> Delete
NAME	STROCK, SARAH
STREET ADDRESS	1606 NEWPORT LN
CITY-ST-ZIP	WESTON FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	SALZMAN, RICHARD
STREET ADDRESS	3430 BRUSSELS AVE
CITY-ST-ZIP	COOPER CITY FL
TITLE	P <input type="checkbox"/> Delete
NAME	FRIED, JACK
STREET ADDRESS	518 HIBISCUS DR
CITY-ST-ZIP	HALLANDALE FL
TITLE	S <input type="checkbox"/> Delete
NAME	FRIED, MAXINE
STREET ADDRESS	518 HIBISCUS DR
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, and that I am authorized 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.

SIGNATURE: _____

SECRETARY OF STATE

OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 **954-458-5900**

CR2E034 (10/00)