

DOCUMENT # 731551

1. Entity Name

JEWISH MARRIAGE EXPERIENCE, INC.

Principal Place of Business

9917A SUMMERBROOK TERR
APT A
BOYNTON BCH FL 33437-6108
US

Mailing Address

9917A SUMMERBROOK TERR
APT A
BOYNTON BCH FL 33437-6108
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

59-0209464

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, ALAN
9917A SUMMERBROOK TERR
BOYNTON BCH FL 33437

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBBINS, JOSEPH R.	
STREET ADDRESS	7264 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBBINS, BARBARA	
STREET ADDRESS	7264 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321-F	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORDON, ALAN	
STREET ADDRESS	9917A SUMMERBROOK TERR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robbins, Joseph	
STREET ADDRESS	1232 NW 143 AVENUE	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robbins, BARBARA	
STREET ADDRESS	1232 NW 143 AVENUE	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	GORDON, ALAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9917A SUMMERBROOK TERR	
STREET ADDRESS	BOYNTON BEACH FL 33437	
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		

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 617, 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-13-2000 90040 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)