

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90137 031 \*\*\*150.00

0347387 AV

**DOCUMENT # F04388**

**1. Entity Name**  
**JACK'S SERVICE CENTER, INCORPORATED**

**Principal Place of Business**  
**4397 N. PINE ISLAND RD.**  
**SUNRISE FL 33351-6045**

**Mailing Address**  
**4397 N. PINE ISLAND RD.**  
**SUNRISE FL 33351-6045**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2200558**

Applied For  
 Not Applicable

Zip

Country

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**

**MATATOF, JACOB**  
**4420 NW 100TH AVE**  
**CORAL SPRINGS FL 33065**

Name **Jacob Matatof**  
 Street Address (P.O. Box Number is Not Acceptable)  
**927 NW 111 Ave**  
 City **Plantation** **FL** Zip Code **33324**

**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

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** **\$5.00 May Be**  
 Trust Fund Contribution... ☐ **Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
 NAME **MATATOF, JACOB**  
 STREET ADDRESS **4397 N. PINES IS RD**  
 CITY-ST-ZIP **SUNRISE FL**

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

TITLE **V** ☐ Delete  
 NAME **MATATOF, MAXINE**  
 STREET ADDRESS **4397 N. PINE IS RD**  
 CITY-ST-ZIP **SUNRISE FL**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:**

*Jacob Matatof*  
**JACOB MATATOF - PRES**

**2/15/02**  
 Date

**954-741-3111**  
 Daytime Phone #

CR2E034 (9/01)