

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15235

1. Entity Name

JILLA HOLDINGS, INC.

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

02-21-2000 90042 022 ***150.00

Principal Place of Business

Mailing Address

230 W 55TH ST. STE 25-D
NEW YORK NY 10019

230 W 55TH ST. STE 25-D
NEW YORK NY 10019-5207

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

06-1031969

Applied For

Not Applicable

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

KROOP, RICHARD I
420 LINCOLN ROAD
SUITE 512
MIAMI BEACH FL

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

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	VPD	<input type="checkbox"/> Delete
NAME	BENDAHAN, MESSOD	
STREET ADDRESS	3 RUE JARROUI	
CITY-ST-ZIP	TANGIERS, MORROCO 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDAHAN, ALBERT	
STREET ADDRESS	230 W 55TH ST	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENDAHAN, SALLY	
STREET ADDRESS	230 W 55TH ST	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENDAHAN, ELIAS	
STREET ADDRESS	3 RUE JARROUI	
CITY-ST-ZIP	TANGIERS, MORROCO 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENDAHAN, JOSEPH	
STREET ADDRESS	3 RUE JARROUI	
CITY-ST-ZIP	TANGIERS, MORROCO 00000	
TITLE		<input type="checkbox"/> Delete
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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 212-757-7138
Date Daytime Phone #

CR2E034 (9/99)