

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90909 025 ***150.00

DOCUMENT # F82618

1. Entity Name

JAFFE PRINTING CORP.

Principal Place of Business

5799 N. FEDERAL HWY
 BOCA RATON FL 33487-4047
 US

Mailing Address

5799 N. FEDERAL HWY
 BOCA RATON FL 33487-4047
 US

2. Principal Place of Business

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.

UNIT 8

City & State

BOCA RATON, FL

Zip

33487

Country

US

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.

UNIT 8

City & State

BOCA RATON, FL

Zip

33487

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2187996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAFFE, SHEILA

5799 N. FEDERAL HWY
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

JAFFE, SHEILA

Street Address (P.O. Box Number is Not Acceptable)

1200 S. ROGERS CIRCLE

UNIT 8

City

BOCA RATON

FL

Zip Code

33487

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

Sheila Jaffe President

Sheila Jaffe

04/11/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JAFFE, SHEILA
 CITY-ST-ZIP 5799 N. FEDERAL HWY
 BOCA RATON, FL 00000

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JAFFE, ROBERT A
 CITY-ST-ZIP 5799 N. FEDERAL HWY
 BOCA RATON, FL 00000

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS JAFFE, SHEILA
 CITY-ST-ZIP 1200 S. ROGERS CIRCLE • UNIT 8
 BOCA RATON, FL 33487

TITLE ☒ Change ☐ Addition
 NAME SFC OF CORP.
 STREET ADDRESS JAFFE, ROBERT A
 CITY-ST-ZIP 1200 S. ROGERS CIRCLE • UNIT 8
 BOCA RATON, FL 33487

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Jaffe 05/06/02
 04/11/02

561-394-6633

Daytime Phone #

CR2E034 (9/01)