

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90051 003 \*\*\*150.00

**DOCUMENT # F86261**

**1. Entity Name**  
**JIM STEFANELLI ENTERPRISES INC.**



**Principal Place of Business**  
**8258 W. STATE ROAD 84**  
**FORT LAUDERDALE FL 33324**  
**US**

**Mailing Address**  
~~440 SABAL WAY~~  
~~440 SABAL WAY~~  
~~WESTON FL 33326~~  
**US**

**2. Principal Place of Business**

**3. Mailing Address**  
**8258 W. STATE ROAD 84**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT LAUDERDALE**

**4. FEI Number** **59-2196927**

Applied For  
Not Applicable

Zip

Country

Zip  
**33324**

Country  
**US**

**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**

**RAMIREZ, FREDERICK J., ESQ.**  
**440 SABAL WAY**  
**FT. LAUDERDALE FL 33326**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
**STEFANELLI, JAMES P.**  
~~440 SABAL WAY~~  
~~FT. LAUDERDALE FL~~

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD**  
**STEFANELLI, GERALDINE D**  
~~440 SABAL WAY~~  
~~FT. LAUDERDALE FL~~

TITLE  
NAME  
STREET ADDRESS  
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**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 607, 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

954 473 4556

Daytime Phone #

CR2E034 (10/02)