

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000556

1. Entity Name

JORDAN INTERNATIONAL ENTERPRISES LTD., INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90063 042 ***150.00

Principal Place of Business

583 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325

Mailing Address

583 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325-6211

2. Principal Place of Business

563 Sawgrass Corp Pkwy
Suite, Apt. #, etc.

3. Mailing Address

563 Sawgrass Corp Pkwy
Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

65-0551231

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

ROUTHIER, ROBERT
11047 NW 40TH STREET
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Routhier, Robert
Street Address (P.O. Box Number is Not Acceptable)
13732 N. GADSDEN COVE CIR
City Davie FL Zip Code 33325

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

TITLE S
NAME RICHARDS, TIFFANY
STREET ADDRESS 583 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE FL 33325 ☐ Delete

TITLE VP
NAME ROUTHIER, ROBERT
STREET ADDRESS 583 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE FL 33325 ☐ Delete

TITLE P
NAME SACHS, SCOTT
STREET ADDRESS 583 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Tiffany Richards

4/24/00

Date

916-419-2000

Daytime Phone #

CR2E034 (9/99)