

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90403 039 \*\*\*150.00

**DOCUMENT # F99000003455**

1. Entity Name

**JAZWARES, INC.**

Principal Place of Business

7770 W OAKLAND PARK  
 480  
 SUNRISE FL 33351

Mailing Address

7770 W OAKLAND PARK  
 480  
 SUNRISE FL 33351

2. Principal Place of Business

13790 NW 4th Street  
 Suite, Apt. #, etc.  
 #112

3. Mailing Address

13790 NW 4th Street  
 Suite, Apt. #, etc.  
 #112

City & State

Sunrise FL  
 Zip 33325 Country USA

City & State

Sunrise, FL  
 Zip 33325 Country USA

4. FEI Number 51-0388825

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEBERSKY, LAURA  
 8751 W. BROWARD BLVD., #408  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name LAURA ZEBERSKY  
 Street Address (P.O. Box Number is Not Acceptable)  
 1776 N. Pine Island Rd  
 #308  
 City Plantation FL Zip Code 33322

8. The above named entity supports 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, 2001 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	DPST	<input type="checkbox"/> Delete
NAME	ZEBERSKY, JUDD	
STREET ADDRESS	7770 W OAKLAND BLVD STE 480	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEFF, BRADLEY	
STREET ADDRESS	7770 W OAKLAND PARK BLVD STE 480	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zebersky, Judd	
STREET ADDRESS	13790 NW 4th Street #112	
CITY-ST-ZIP	SUNRISE, FL 33325	(President)
TITLE	Leff, Bradley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13790 NW 4th Street #112	
CITY-ST-ZIP	SUNRISE, FL 33325	(Vice President)
TITLE		<input type="checkbox"/> Change <input checked="" 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
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

5/8/01

954-265-0800

Daytime Phone #

CR2E034 (10/00)