

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90038 002 \*\*\*150.00

**DOCUMENT #** G17185

**1. Entity Name**  
Jeffdelle, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>4440 N.W. 36th Street</u>		<b>3. Mailing Address</b> <u>4440 N.W. 36th Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33142</u>	Country <u>USA</u>	Zip <u>33142</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <u>59-2248679</u>		Applied For <input type="checkbox"/>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Marvin Kurzban Esq</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2650 S.W. 27th Avenue</u>	
	City <u>Miami</u>	State <u>FL</u> Zip Code <u>33133</u>

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
1100 0100 1100 0000 01 YK001000	<u>P/D</u> <u>Kramer, Jeffrey</u> <u>11410 N.W. 15th Court</u> <u>Pembroke Pines, FL 33026</u>	1100 0100 1100 0000 01 YK001000	
1100 0100 1100 0000 01 YK001000	<u>VP/5</u> <u>Kramer, Sydelle</u> <u>11410 N.W. 15th Court</u> <u>Pembroke Pines, FL 33026</u>	1100 0100 1100 0000 01 YK001000	
1100 0100 1100 0000 01 YK001000		1100 0100 1100 0000 01 YK001000	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Jeffrey Kramer, Pres. 1/20/02 (304) 634-5328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)