

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90576 044 ***150.00

DOCUMENT # F-16851	
1. Entity Name	
JLN MANAGEMENT CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11400 SW 3 STREET	3. Mailing Address 11400 SW 3 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PLANTATION, FL	City & State PLANTATION, FL	4. FEI Number 59-2350553	Applied For Not Applicable
Zip 33325	Country USA	Zip 33325	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joe Cornblit

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

11400 S.W. 3 ST.

City PLANTATION

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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOE CORNBLIT 11400 SW 3 STREET PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA CORNBLIT 11400 SW 3 STREET PLANTATION, FL 33325
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joe Cornblit

JOE CORNBLIT, PRESIDENT

4/12/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #