

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

ATX1

DOCUMENT # <u>G80573</u>	
1. Entity Name JLN MANAGEMENT CORP.	

FILED

07 APR 11 PM 4:11

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

300097961833
04/23/07--01018--007 **150.00

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2. Principal Place of Business 11400 SW 3 STREET		3. Mailing Address 11400 SW 3 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANTATION, FLORIDA		City & State PLANTATION, FLORIDA	
Zip 33325	Country USA	Zip 33325	Country USA

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4. FEI Number 59-2350553	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOE CORNBLIT	
Street Address (P.O. Box Number is Not Acceptable) 11400 SW 3 STREET	
City PLANTATION	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 JOE CORNBLIT, PRESIDENT **DATE** 3/13/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. JOE CORNBLIT 11400 SW 3 STREET PLANTATION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T.D. LINDA CORNBLIT 11400 SW 3 STREET PLANTATION
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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, PRESIDENT **DATE** 3-13,2007 **Daytime Phone #** 954-931-0643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR