

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90712 026 ***150.00

DOCUMENT # G95123

1. Entity Name
JEFFREY INDUSTRIES, INC.



Principal Place of Business
P.O. BOX 14-0554
CORAL GABLES FL 33114-0554
US

Mailing Address
P.O. BOX 22-6514
MIAMI FL 33122
US



2. Principal Place of Business

PO Box 22-6514

Suite, Apt. #, etc.

3. Mailing Address

PO Box 22-6514

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
miami Fla

City & State
miami Fla

4. FEI Number 59-2424082

Applied For
Not Applicable

Zip

Country

33122 USA

USA

Zip

Country

33122 USA

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, SHERRY
2548 SW 64TH AVE
MIAMI FL 33155

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS **NAME** MILLER, SHERRY **STREET ADDRESS** 2548 SW 64 AVE. **CITY-ST-ZIP** MIAMI FL 33155 ☒ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☒ Change ☒ Addition

TITLE P **NAME** WEBER, JAYNE **STREET ADDRESS** 2548 SW 64 AVE. **CITY-ST-ZIP** MIAMI FL 33155 ☒ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☒ Change ☒ Addition

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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

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 Block 11 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

4/25/03 705.669.1380
Date Daytime Phone #

CR2E034 (10/02)