

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90222 044 \*\*\*150.00

0206000 AV

**DOCUMENT # H01441**

1. Entity Name  
**JFG INTERNATIONAL, INC.**

Principal Place of Business  
**8240 CLEARY BLVD #205**  
**PLANTATION FL 33324**

Mailing Address  
**PO BOX 15580**  
**PLANTATION FL 33318**

404008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**132 DOCKSIDE CIRCLE**

3. Mailing Address  
**132 DOCKSIDE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WESTON, FL.**

City & State  
**WESTON, FL.**

4. FEI Number  
**59-2620353**

Applied For  
 Not Applicable

Zip  
**33327**

Country  
**U.S.A.**

Zip  
**33327**

Country  
**U.S.A.**

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

**GOLPA, JULIAN F.**  
**4316 BEAU RIVAGE CIRCLE**  
**LUTZ FL 33549**

Name **GOLPA, JULIAN F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**132 DOCKSIDE CIRCLE**  
 City **WESTON** FL Zip Code **33327**

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 Julian F. Golpa  
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]  
 (NOTE: Registered Agent Signature Required when reinstating)

1/7/02  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GOLPA, JULIAN F.</b> <b>4316 BEAURIVAGE CIRCLE</b> <b>LUTZ FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GOLPA JULIAN F.</b> <b>132 DOCKSIDE CIRCLE</b> <b>WESTON, FL. 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Julian F. Golpa  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (954)494-7700  
 Date Daytime Phone #

CR2E034 (9/01)