## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 16, 2000 8:00 am **DOCUMENT # H06327** 1. Entity Name **Secretary of State** JUFRA ENTERPRISES, INC. 03-16-2000 90095 037 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 115 P.O. BOX 115 CAPE CORAL FL 33910 CAPE CORAL FL 33910-0030 2. Principal Place of Business 3. Mailing Address 8067 Queen Palm Lane 8067 Queen Palm Lane DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 623 623 Applied For City & State City & State 4. FEI Number 59-2414561 Not Applicable Fort Myers, FL 33912 Fort Myers, FL 33912 \$8.75 Additional 5. Certificate of Status Desired Fee Required 33912-6419 33912-6419 Lee Lee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCABE, BILL, ESQ. Street Address (P.O. Box Number is Not Acceptable) 319 NORTH MAGNOLIA AVENUE ORLANDO FL Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE PD ☐ Delete TITLE NAMÉ BALDASSARRE, FRANK NAME BALDASSARRE, FRANK STREET ADDRESS STREET ADDRESS 434 TUDOR DR 2E 8067 Queen Palm Lane #623 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Fort Myers, FL 33912-6419 ☐ Addition Change TITLE VSTD Delete TITLE VSTD BALDASSARRE, JUNE NAME BALDASSARRE, JUNE STREET ADDRESS STREET ADDRESS 434 TUDOR DR 2E 8067 Oueen Palm Lane #623 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Fort Myers, FL 33912-6419 Addition ☐ Change X) Delete TITLE TITLE BALDASSARRE, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 434 TUDOR DR 2E CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

June L. Baldassarre

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

941-931-5630

Daytime Phone #