

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J35789**

1. Entity Name

J. S. W. ENTERPRISES, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90078 041 ***150.00

Principal Place of Business

C/O SHELDON B. PALLEY
1497 NW 7 ST.
MIAMI FL 33125

Mailing Address

C/O SHELDON B. PALLEY
1497 NW 7 ST.
MIAMI FL 33125**720300**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2748759**

Applied For

Not Applicable

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

SCHWEITZER, G.M.
1497 NW 7 ST.
MIAMI FL 33125

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	WEINTHAL, MARC	
STREET ADDRESS	18241 NE 7TH CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWEITZER, G. M.	
STREET ADDRESS	13113 SW 95 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUNACH, GLENN J.	
STREET ADDRESS	1100 14 ST.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALLEY, SHELDON B.	
STREET ADDRESS	8365 SW 91 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

(SHELDON B. PALLEY)

2/19/01 3056420592

Date

Daytime Phone #

CR2E034 (10/00)