

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90406 046 ***150.00

DOCUMENT # J81296

1. Entity Name
JASMINE ENTERPRISES, INC.



Principal Place of Business
**2688 NORTH MILITARY TRAIL
W. PALM BEACH FL 33409
US**

Mailing Address
**%ORRIN R BEILLY, P.A.
105 S NARCISSUS AVE. #705
WEST PALM BEACH FL 33401
US**



2. Principal Place of Business
2688 N. Military Tr.
Suite, Apt. #, etc.

3. Mailing Address
2688 N. Military Tr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
W.P.B. FL.

City & State
W.P.B. FL.

4. FEI Number **59-2823309**

Applied For
Not Applicable

Zip Country
33409 P.B.

Zip Country
33409 P.B.

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

**BEILLY, ORRIN R
105 S. NARCISSUS AVE.
705
WEST PALM BEACH FL 33401**

Name
LORETTA M. RUESCH
Street Address (P.O. Box Number is Not Acceptable)
2688 N. Military Trail
City
W.P.B. FL Zip Code
33409

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 *Loretta M. Ruesch, Pres.*
LORETTA M. RUESCH, PRES.

(NOTE: Registered Agent signature required when reinstating)

4/11/03
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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUESCH, LORETTA M 5440 N OCEAN DR #206 SINGER ISLAND FL 33404	<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
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Loretta M. Ruesch, Pres.* **LORETTA M. RUESCH, PRES.** *4/12/03 561-684-5522*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0374807 AV

CR2E034 (10/02)