

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90237 025 ***150.00

DOCUMENT # **K57670**

1. Entity Name

Jennah Blossom Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8895 N. Military Trail

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.

Suite E-201

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Bch Gardens, Fl

City & State

Palm Bch Gardens, Fl.

DO NOT WRITE IN THIS SPACE

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0093851

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Donna McDonald

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

8895 N. Military Trail

Suite E-201

City

Palm Beach Gardens

FL

Zip Code
33410**DO NOT WRITE
IN THIS SPACE**

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

Donna McDonald

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

(NOTE: Registered Agent signature required when reinstating)

4-17-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
PD
Caster, Cary
2601 Biscayne Blvd.
Miami, Fl 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
Miller, Roger
2601 Biscayne Blvd.
Miami, Fl. 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cary Caster, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034B (12/01)