

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90038 039 ***150.00

DOCUMENT # L02000001646

1. Entity Name

JELP INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9050 PINES BLVD.

Suite, Apt. #, etc.

SUITE 205

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

3. Mailing Address

9050 PINES BLVD.

Suite, Apt. #, etc.

SUITE 205

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0050333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LORETTA VANDEPOL

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

14350 S. W. 24 STREET

City
DAVIE

FL

Zip Code
33325

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 Van Depol

Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-20-03

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **MEMBER**

NAME **LORETTA VANDEPOL**

STREET ADDRESS **14350 S. W. 24 STREET**

CITY - ST - ZIP **DAVIE, FL 33325**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE **MEMBER**

NAME **PAM DECARREAU**

STREET ADDRESS **11511 N. W. 29TH STREET**

CITY - ST - ZIP **SUNRISE, FL 33323**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Loretta Van Depol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

954-437-0700

Daytime Phone #

CR2E034B (12/02)