

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0079570 AV

DOCUMENT # L22647

1. Entity Name
J & R FINANCIAL CORP.

02-05-2002 90011 020 ***150.00

Principal Place of Business Mailing Address
9700 S. DIXIE HIGHWAY **9700 S. DIXIE HIGHWAY**
SUITE 900 **SUITE 900**
MIAMI FL 33156 **MIAMI FL 33156**



2. Principal Place of Business 3. Mailing Address
10830 SW 113 Place **10830 SW 113 Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Miami FL **Miami, FL** **65-0146891** Not Applicable
 Zip Country Zip Country
33176 **USA** **33176** Country

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GREENBERG, JEFFREY M. Name **Jeffrey M. Greenberg**
9700 S. DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **10830 SW 113 Place**
SUITE 900 City **Miami** **FL** Zip Code **33176**
MIAMI FL FL 33186-9166

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 DATE **1/17/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JEFFREY M.	NAME	Jeffrey M. Greenberg
STREET ADDRESS	9700 S. DIXIE HIGHWAY SUITE 900	STREET ADDRESS	10830 SW 113 Place
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE **1/17/02** Daytime Phone # **305 274 7638**

CR2E034 (9/01)