

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001054

1. Entity Name

JAL ENTERPRISES, L.L.C.

FILED

01 JAN 26 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6206 LINTON ST
PALM BEACH GARDENS FL 33418

Mailing Address

6206 LINTON ST
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33458 Palm Beach

Zip

Country

33458 Palm Beach

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROKE, LAURA

6206 LINTON ST

PALM BEACH GARDENS FL 33418

Name

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

City

FL

Zip Code

← note:
city + zip
change

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
CROKE, LAURA
6206 LINTON ST
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003602925-9
-01/30/01--01134--007
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
CROKE, JOHN
6206 LINTON ST
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/01

561 627 9978

CR2E083 (11/00)