

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008161

1. Entity Name
J F MANAGEMENT GROUP, L.L.C.

Principal Place of Business
1550 ARGYLE DRIVE
FORT LAUDERDALE FL 33312

Mailing Address
1550 ARGYLE DRIVE
FORT LAUDERDALE FL 33312

2. Principal Place of Business
520 SW 5 AV
Suite, Apt. #, etc.

3. Mailing Address
520 SW 5 AV
Suite, Apt. #, etc.

City & State
FT-LAUDERDALE-FLORIDA

City & State
FT-LAUDERDALE FLORIDA

Zip
33315

Country
U.S.A.

Zip
33315

Country
U.S.A.

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

800004573098--5
-09/06/01--01092--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FILATRAULT, JACQUES
1550 ARGYLE DRIVE
FORT LAUDERDALE FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

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

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TITLE
NAME
STREET ADDRESS
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: *Jacques Filatrault*

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

Date Daytime Phone #

FILED

01 AUG 30 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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