


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91509 002 \*\*\*\*61.25

**DOCUMENT # N02000004466**

1. Entity Name  
**AVENTURA JAYCEES, INC.**



Principal Place of Business  
**1680 NE 191ST STREET  
APT. 112  
NORTH MIAMI BEACH FL 33179**

Mailing Address  
**1680 NE 191ST STREET  
APT. 112  
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business  
**1680 NE 191st Street**

3. Mailing Address  
**1680 NE 191st Street**

Suite, Apt. #, etc.  
**APT # 112**

Suite, Apt. #, etc.  
**APT # 112**

City & State  
**NORTH MIAMI BEACH**

City & State  
**NORTH MIAMI BEACH**

Zip  
**33179**

Country  
**US**

Zip  
**33179**

Country  
**US**

4. FEI Number  
**41-2047525**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JACOBS, ERIC A ESQ.  
12550 BISCAYNE BOULEVARD  
SUITE 405  
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name  
**NATHALIE JEAN-PHILIPPE**

Street Address (P.O. Box Number is Not Acceptable)  
**16950 W. DIXIE HWAY #235**

City  
**NORTH MIAMI BEACH**

FL

Zip Code  
**33160**

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 *Nathalie Jean-Philippe* **SECRETARY** **4/17/03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>SHOSHANA BATTERMAN<br/>1680 NE 191ST ST APT#112<br/>N. MIAMI BEACH, FL 33179</b>                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COMMUNITY VICE-PRESIDENT<br/>MARIA MONCE<br/>18011 BISCAYNE BLVD APT# 1704<br/>AVENTURA, FL 33160</b>                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MANAGEMENT/BUSINESS V. PRESIDENT<br/>DANIELA RODRIGUEZ<br/>20100 W. COUNTRY CLUB DR. APT# 905<br/>AVENTURA, FL 33108</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>INDIVIDUAL DEVELOPMENT V. PRESIDENT<br/>EMILIO TRENZADO<br/>5381 W. 14th CE<br/>HIALEAH, FL</b>                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR<br/>ROBERT SHENKER<br/>1501 SW 134th WAY APT# 1080<br/>Pembroke Pines, FL 33027</b>                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY<br/>NATHALIE JEAN-PHILIPPE<br/>16950 W. DIXIE HWAY #235<br/>N. MIAMI BEACH, FL 33160</b>                       | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nathalie Jean-Philippe* **SECRETARY** **4/17/03** **(305) 949-3505**

CR2E037 (10/02)