

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90445 040 ***150.00

0160239 AV

DOCUMENT # P00000000250

1. Entity Name
HOWJAX, INC.

Principal Place of Business
17352 S. W. 35TH ST.
MIRAMAR FL 33029

Mailing Address
17352 S. W. 35TH ST.
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0974731**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JACQUELIN
7731 KISMET STREET
MIRAMAR FL 33023

Name **CARTER, JACQUELIN**
 Street Address (P.O. Box Number is Not Acceptable) **17352 S.W. 35th STREET,**
 City **MIRAMAR** FL **33029**

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 *Jacquelin Carter* (NOTE: Registered Agent signature required when reinstating) DATE 4-2-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 ☐ Delete
NAME	CARTER, HOWARD
STREET ADDRESS	17352 S. W. 35TH ST.
CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	D ☐ Delete
NAME	CARTER, JACQUELIN
STREET ADDRESS	17352 S. W. 35TH ST.
CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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: *Jacquelin Carter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/2/02 Daytime Phone # (954) 441-2491

CR2E034 (9/01)