2004 AR

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUL -6 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000024349

1. Entity Name
JACV ENT., INC.
811 E. COMMERCIAL BLVD
FT. LAUDERDALE, FL. 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1009894 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name VIOLET RALLIFORD ~~SAME AS ABOVE~~

Street Address (P.O. Box Number is Not Acceptable) 831 E. COMMERCIAL BLVD

City OAKLAND PARK FL Zip Code 33334

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 _____ PRES 03-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SAME AS ABOVE~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SAME AS ABOVE~~
TITLE	PRESIDENT
NAME	RANDY SMITH
STREET ADDRESS	831 E. COMMERCIAL BLVD.
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VICE PRESIDENT
NAME	VIOLET E. RALLIFORD
STREET ADDRESS	831 E. COMMERCIAL BLVD
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VICE PRESIDENT
NAME	JOYCE BIEN-AIME
STREET ADDRESS	831 E. COMMERCIAL BLVD
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: _____ VIOLET RALLIFORD VICE PREC. 954-784-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SWORN OFFICER OR DIRECTOR Date Daytime Phone #