

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000024615**

1. Entity Name
JENDAVE, INC.



Principal Place of Business
**21338 ST. ANDREWS BLVD.
SUITE 240
BOCA RATON FL 33433**

Mailing Address
**21338 ST. ANDREWS BLVD.
SUITE 240
BOCA RATON FL 33433**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **65-0988425** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CRUZ, DAVID
22578 S.W. 54TH WAY
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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

P Delete
**CRUZ, DAVID
22578 SW 58 WAY
BOCA RATON FL 33433**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

700023362567 Change Addition
09/26/03--01025--030 **150.00

S Delete
**CRUZ, JENNIFER
22578 SW 58 WAY
BOCA RATON FL 33433**

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition
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Change Addition
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Delete
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CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

9-15-03

Date

Daytime Phone #

962980
AV

CR2E034 (4/03)

Organically Fresh
21338 Saint Andrews Blvd.
Boca Raton, FL 33433

9-19-03

Division of STATE
Division of Corporations
Po Box 1500
Tallahassee, FL 32302

RE: 2003 UBR JENN DAVE INC P.00000024615

GENTLEMEN.

WE ARE HERE WITH ENCLOSURE CHECK FOR \$150.00
FOR FILING FEES FOR THE YEAR 2003.

WE REQUEST ABATEMENT OF PENALTY OF 400. FOR
THE REASON WE NEVER RECEIVED THE ORIGINAL REPORT
WE HOPE YOU WILL ACCEPT THIS AS GOODFELL

Very Truly Yours


9-15-03
David Cruz, President