

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0085285 AV

DOCUMENT # P00000024615

1. Entity Name  
JENDAVE, INC.



FILED  
03 SEP 22 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

700023362567  
09/26/03--01025--030 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-03

Date

Daytime Phone #

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 JENNDAVE INC P.00000024615

GENTLEMEN,

WE ARE HERE WITH ENCLOSING 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 good faith

Very Truly Yours

 9-15-03  
DAVID CRUZ, PRESIDENT