

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043823

1. Entity Name
JACAFERAD, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90151 019 ***158.75

Principal Place of Business Mailing Address
P.O. BOX 264 P.O. BOX 264
BOYNTON BEACH FL 33425-0264 BOYNTON BEACH FL 33425-0264

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 **65-1006607** Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CELIA, ADELITA
130 N.E. 5TH AVE.
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
Name **Adelita Celia**
Street Address (P.O. Box Number is Not Acceptable) **131 N.E. 5th Avenue**
City **Boynton Beach** FL Zip Code **33435**

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 *Adelita Celia* DATE 03/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CELIA, ADELITA P.O. BOX 264 BOYNTON BEACH FL 33425-0264
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Adelita Celia* DATE 03/23/01 DAYTIME PHONE # (954) 472-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)