

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045894

1. Entity Name

JAFFE ENTERPRISES I, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90121 016 ***150.00

00052485



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10081 PINES BLVD., SUITE A
PEMBOKE PINES FL 33024

Mailing Address

10081 PINES BLVD., SUITE A
PEMBOKE PINES FL 33024

2. Principal Place of Business

555 SW 12th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Bch, FL

Zip

33069

Country

USA

3. Mailing Address

555 SW 12th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Bch, FL

Zip

33069

Country

USA

4. FEI Number

65-1021001

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

GOLDMAN, BRUCE J
2701 LE JEUNE RD., SUITE 404
CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JAFFE, NORMAN S
STREET ADDRESS 10081 PINES BLVD., SUITE A
CITY-ST-ZIP PEMBOKE PINES FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JAFFE, ANN L
STREET ADDRESS 10081 PINES BLVD., SUITE A
CITY-ST-ZIP PEMBOKE PINES FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

954-933-0421

Daytime Phone #

CR2E034 (10/00)