FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 07, 2001 8:00 am DOCUMENT # P0000066257 **Secretary of State** J & F ENTERPRISES & ASSOCIATES, INC. 03-07-2001 90627 010 ***150.00 Principal Place of Business Mailing Address 8890 NW 78TH COURT 8890 NW 78TH COURT 3343 3343 TAMARAC FL 33321 TAMARAC FL 33321 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 1021042 City & State Applied For AMARAC Not Applicable Zip Countr Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SECALIC SECALIC, JON 8890 NW 78TH COURT 3343 TAMARAC FL 33321 City 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. YD TITLE Delete SECALIC, JON NAME NAME SECALIC, JON 9736 NW 65 8890 NW 78TH COURT #343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-7IP TAMAKAC TITLE ☐ Delete TITLE Addition SECALIC, JON NAME NAME 8890 NW 78TH COURT #343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMARAC FL 33321 Change - 🔲 Addition TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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, with all-other like empowered.