

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90261 002 \*\*\*150.00

**DOCUMENT #** *P00000080113* ✓

**1. Entity Name** Jenico Service Corp.

**Principal Place of Business** **Mailing Address**  
 3930 Inverrary Blvd.  
 Lauderhill, Florida 33319

**2. Principal Place of Business**  
 above

**3. Mailing Address**  
 above

Suite, Apt. #, etc.  
 D701

Suite, Apt. #, etc.

**City & State**  
 Same as above

**City & State**  
 same as above

**4. FEI Number**  
 65-1035028

**Applied For**  
 Not Applicable

**Zip** **Country**  
 same as above

**Zip** **Country**

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Spiegel & Utrera, P.A.

## 7. Name and Address of New Registered Agent

**Name** Robert Thaler  
**Street Address (P.O. Box Number is Not Acceptable)**  
 3930 Inverrary Blvd.  
 Lauderhill, Florida 33319  
**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]* **4/30/01**  
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** **President** ☐ Delete  
**NAME** Geraldine Thaler  
**STREET ADDRESS** 3930 Inverrary Blvd.  
**CITY-ST-ZIP** Lauderhill, Florida 33319

**TITLE** **President** ☒ Change ☐ Addition  
**NAME** Robert Thaler  
**STREET ADDRESS** 3930 Inverrary Blvd.  
**CITY-ST-ZIP** Lauderhill, Florida 33319

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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, with all other like empowered.**

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01** **(954) 979-1000**  
Date Daytime Phone #

CR2E034 (11/00)