## 2001 UNIFORM BUSINESS REPORT (UBR)

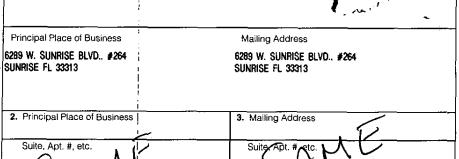
## DOCUMENT # P0000093027

## JESHURUN MANAGEMENT CORPORATION



**FILED** May 04, 2001 8:00 am Secretary of State

05-04-2001 90030 005 \*\*\*150.00



SUNRISE FL 33313		SUNRISE FL 33313										
2. Principal F	Place of Business	<u>:</u> !	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite Apt. # etc.				DO NOT WRITE IN THIS SPACE					
City& State			City & State			4	FEI Number 946762596			Applied For Not Applicable		
Zip Country			Zip Coun		try	_5	. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and	Address of Current Re	gistered Agent			7.	. Name and Addres	s of New Regi	stered Ag	ent		]
HARMELING, LINDA 6289 W. SUNRISE BLVD., #264					Name Street Add	ress (P.O	. Box Number is Not	Acceptable)		<u></u>		
SUNRISE FL 33313					City	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	Zip Code			_
					City				FL	Zip Coa	e 	
SIGNATURE .  9. This corporate filing r	Signature, typed or prin	ted name of registered agent and o satisfy its Intangible	title if applicable. (NOTE:  FILE NOW!!  After MAY 1, 200  Make Check Payable	: Registered	d Agent signature IS \$150.00 will be \$550	required when	n reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		<b>0</b> May Be to Fees	
11.		OFFICERS AND DIF	RECTORS	12.			ADDITIONS/CHANG	ES TO OFFICE	RS AND D	RECTORS	S IN 11	1
TITLE NAME	D HARMELING, L 6289 W. SUNP SUNRISE FL 3	INDA IISE BLVD., #264	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	E034 (10/00)
	D HARMELING, J 6289 W. SUNP SUNRISE FL 3	Delete	NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	89	
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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.

IGNING OFFICER OR DIRECTOR

LINDA HARMELING 4-26-0