## FOR PROFIT CORPORATION

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90102 007 \*\*\*150.00

UNIFORM BUSINESS REPOR	RT (UI	BR)
DOCUMENT # P00000108768  1. Entity Name		
JECBEL ENTERPRISES INC.	V	
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HALLANDALE, FL  Zip 20309  Country  Zip 33309  Country  Zip 33309  Tountry  Signary Address of Current Registered Agent  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  204 W. LAKE DRIVE  City HALLANDALE,  The above named entry submigner than statement for the purpose of Lattering its registered difference required in the State of Florida. I am lamiliar with, and acceptable in the obligations of registered agent.  SIGNATURE  January 1 Fee is \$150.00  Are nameded URR is \$81.25  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  TITLE  NAME SIGRI ADDRESS CITY-S1-ZIP  DO NOT WRITE  IIILE  NAME SIRRE ADDRESS CITY-S1-ZIP  IIILE  NAME SIRRE ADDRESS	JECB	EL ENTERPRISES INC	ÿ. V					
204 W. LAKE DRIVE  Suite, Apr. #, DEC.  Not Applied For Not Applied.  A. FEI Number 65-1059442  A. FEI Number 65-1059442  Not Applied.  St. Certificate of Status Desired.  St. Certificate of Status Desired.  Page Required.  Name and Address of Current Registered Agent  Name BELAND JEAN  Street Address (P.O. Box Number is Not Acceptable)  204 W. LAKE DRIVE  City ALLANDALE,  F.L. Zo Code 33009  8. The above named only submitted for the pusages of anti-gire its registered diffus or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable of the objections of registered agent approximate agent approximate agent and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent, or both, in the State of Forida. I am familiar wire, and acceptable or registered agent		er g		ACE	,*		, krift	
City & State HALLANDALE, FL ZD								
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33009  33309  3. Cermicate of Status General September Address of Current Registered Agent  Name BELAND JEAN  Stroot Address (P.O. Box Number is Not Acceptable)  204 W. LAKE DRIVE  City HALLANDALE, FL Zio Codo 33009  8. The above named entry submignifies statement for the purpose of entirity is registered agent, or both, in the State of Forida. I am familiar with, and acceptable is registered agent, or both, in the State of Forida. I am familiar with, and acceptable is purpose of entire obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable is purpose of entire in soutcable. (#IOTE Registered Agent signature required when reminding)  3. SIGNATURE  January 1. Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  After May 1, Fee is \$550.00  Amended URB its \$61.25  Make Check Payable to Florida Department of State  0. OFFICERS AND DIRECTORS  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  DO NOT WRITE  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE					4. FEI Number 65-1059442 Applied For Not Applicable			
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)		Country						
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)			es a subject to the s	Nam			nt Registered A	igent
IN THIS SPACE  204 W. LAKE DRIVE  City HALLANDALE, FL 3009  8. The above named entity subminerful statement for the purpose of an anginy its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.  SIGNATURE  JEAN BELAND  03/10/03  JEAN BELAND  03/10/03  Anter May 1, Fee is \$150.00  After May 1, Fee is \$150.00  After May 1, Fee is \$150.00  Amended UBR is \$61.25  MAKE Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  SIREET ADDRESS  CITY-ST-2P  TITLE  IN THIS SPACE		DO NOT WI	RITE		BELA			
8. The above named entity submits of registered speed.  SIGNATURE  JEAN BELAND  O3/10/03  SIGNATURE  JEAN BELAND  O3/10/03  SIGNATURE  JEAN BELAND  O3/10/03  NOTE Registered Agent signature required when removaling)  After May 1, Fee is \$150.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  IN THIS SPACE	Taring and the second s					P.O. Box Number is Not Acceptable)		
8. The above named entity submits the statement for the purpose of hisrograph is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accellent the obligations of registered agent and title if applicable.    SiGNATURE			AUL .	· -			· · · · · · · · · · · · · · · · · · ·	Zio Codo
SIGNATURE    Signature   Signa	s '		· · · · · · · · · · · · · · · · · · ·	110 111 111				33009
January 1 - May 1 - Fee is \$150.00 After May 1 - Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	<ol> <li>The above</li> <li>the obligat</li> </ol>	named entity submits this statement for ions of registered agent.	the purpose of a langing its ro	egistered offic	e or register	ed agent, or both, in the State of F	Florida. I am fan	niliar with, and accept
January 1: May 1 Fee is \$150.00  After May 1, Fee is \$550.05  Amended UBR Is \$51.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  SIREET ADDRESS  CITY-S1-ZIP  IN THIS SPACE	SIGNATURE .	///٤/						)3
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	BELAN, JEAN 204 W. LAKE DRIVE		NAME STREET ADDRE	SS		:	g mg
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NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STREET ADDRE	SS - will			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does per 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 accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.	NAME Street address City-St-Zip			NAME ** STREET ADDRE CITY-ST*ZIP				

of the corporation or the receiver of pristate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other library movement.

SIGNATURE:

JEAN BELAND

03/10/03

Davrime Phone #