

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91228 043 ***150.00

DOCUMENT # P00000113557

1. Entity Name
JUMBO GREEN, INC.

Principal Place of Business
4550 N. MICHIGAN AVENUE
MIAMI BEACH FL 33140

Mailing Address
9165 PARK DRIVE
MIAMI SHORES FL 33138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4425 N. MICHIGAN AVE
 Suite, Apt. #, etc.

3. Mailing Address
90 BERKOVITS LAG + Co.
 Suite, Apt. #, etc.
8211 W. Broward Blvd #340

City & State
MIAMI BEACH, FL
 Zip
33140
 Country
USA

City & State
PLANTATION, FL
 Zip
33324
 Country
USA

4. FEI Number
65-1060425

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEUSCHEL, HERB E
C/O JOHNSON, ADORNO & MCCALL
9165 PARK DRIVE
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent
 Name
HERB E. DEUSCHEL
 Street Address (P.O. Box Number is Not Acceptable)
BERKOVITS, LAGO + COMPANY LLC
8211 W. Broward Blvd. #340
 City
PLANTATION **FL** Zip Code
33324

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]* **HERB E. DEUSCHEL** **4/25/2002**
 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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVST COURTNEY, LESLIE
4550 N. MICHIGAN AVENUE
MIAMI BEACH FL 33140 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D COURTNEY, LESLIE
4550 N. MICHIGAN AVENUE
MIAMI BEACH FL 33140 ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4425 N. MICHIGAN AVE
MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4425 N. MICHIGAN AVE
MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

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

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

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

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

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]* **LESLIE Courtney** **4/26/02** **305-695-2797**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)