

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91391 001 ***150.00

DOCUMENT # P01000026628

1. Entity Name
JAFE INC.

Principal Place of Business
2620 SW 49TH AVENUE
PEMBROKE PARK FL 33023

Mailing Address
2620 SW 49TH AVENUE
PEMBROKE PARK FL 33023

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

6. City & State

7. City & State

8. Zip

9. Country

10. Zip

11. Country

12. FEI Number

651086472

13. Applied For

14. Not Applicable

15. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

16. Name and Address of Current Registered Agent

17. Name and Address of New Registered Agent

GILBERT, FERNAND
2620 SW 49TH AVENUE
PEMBROKE PARK FL 33023

18. Name

19. Street Address (P.O. Box Number is Not Acceptable)

20. City

FL

21. Zip Code

22. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

23. 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

24. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

25. OFFICERS AND DIRECTORS

26. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GILBERT, FERNAND**
 CITY-ST-ZIP **2620 SW 49TH AVENUE**
PEMBROKE PARK FL 33023

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

27. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2002 954-986-4970

Date

Daytime Phone #

CR2E034 (9/01)