5/24/2002-91352-(

FILED
Jul 16, 2002 8:00 am
Secretary of State
05-24-2002 91352 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029610

1. Entity Name
JERICHO HOUSE OF FT. LAUDERDALE, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2824 SW 9TH STREET Suite, Apt. #, etc.	2824 SW 9TH STREET Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE FL
Zip: 33312 Country: BROWARD	Zip: 33312 Country: BROWARD

4. FEI Number: 65-0891174 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: THOMPSON CAROLINE
Street Address (P.O. Box Number is Not Acceptable): 2824 SW 9TH STREET
City: FT. LAUDERDALE FL Zip Code: 33312

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: Caroline Thompson CAROLINE THOMPSON 4/30/02
(Signature, typed or printed name of registered agent and title if applicable.) (If FL 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P.D.	TITLE	
NAME	THOMPSON, CAROLINE	NAME	
STREET ADDRESS	2824 SW 9TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	S.D.	TITLE	
NAME	THOMPSON, SHERON	NAME	
STREET ADDRESS	2824 SW 9TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	T.D.	TITLE	
NAME	THOMSON, MARCIA	NAME	
STREET ADDRESS	2824 SW 9TH STREET	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E045B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Caroline Thompson CAROLINE THOMPSON 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date