

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91203 013 ***150.00

DOCUMENT # *PO1000031278*

1. Entity Name

JAZZY Promotions, Inc.



DO NOT WRITE IN THIS SPACE

20032238

2. Principal Place of Business

12180 N.W. 2nd Street

3. Mailing Address

12180 N.W. 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Coral Springs FL*

City & State *Coral Springs, FL*

4. FEI Number *65-1088359*

Applied For

Not Applicable

Zip *33071*

Country *Broward*

Zip *33071*

Country *Broward*

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 *Elyse Waldman*

Street Address (P.O. Box Number is Not Acceptable) *12180 N.W. 2nd St.*

Coral Springs

FL

Zip Code *33071*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elyse Waldman*

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

(NOTE: Registered Agent signature required when reinstating)

4-16-03

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *D*
NAME *Elyse Waldman*
STREET ADDRESS *12180 N.W. 2nd St.*
CITY-ST-ZIP *Coral Springs FL 33071*

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elyse Waldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 *954 345-0081*

Date

Daytime Phone #

CR2E034B (12/02)