The same 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

FILED Jul 01, 2002 8:00 am Secretary of State

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t. Entity Name P0100045638 JUDE GUE AND SERVICES, INC.					05-17-2002 90030 015 ***150.00			
JODE	GUE AND SERVICES, INC.			V	٠			
Principal F	Place of Business	Mailing Address						
8370 NW 21 STREET 8370 NW 21 STREET			,		- 37057			
SUNRISE	FL 33322	SUNRISE FL 33322						
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2. Princina	al Place of Business			<u>.</u>				l
43	70 NU12 218town	3. Mailing Address	111 0162		CENTRUMENT HAS ANIMED THEM CONST.	istri seut obiu byddi sille 6	100 31101 1811 180	í
Suite, A	oft. #, etc.	Suite, Apt. #, etc.	W 02/ 3/10	281	DO NOT IMO	ITE IN THIS SPACE		
City & S					· V	ITE IN THIS SPACE		
	use F/	City & State .	r/10	4.	FEI Number		Applied For	٦
Zip	Coyntry	Sunrise	Country	 	65-1100869		Not Applicat	le
<u>-333</u>	22 Browned	33322	Browase	1 5.	. Certificate of Status Desired	□ \$8.75 A Fee Requ	dditional	
	6. Name and Address of Current F	egistered Agent			Name and Address of New F	registered Agent		ᆿ.
GUE, JU	ine		Name				·-·	7
1	W 21 STREET		Street Add	ress (P.O.	Box Number is Not Acceptable	9)	···-	\dashv
1	E FL 33322	•						4
								1
			City			FL Zip Co	de	7
8. The abov	ve named entity submits this statement for t	he purpose of changing its	registered office or re	gistered a	gent, or both, in the State of Flo	rida.		\dashv
					.3			ı
SIGNATURE	Signature, typed or printed harmful registered agent and	title if applicable. (NOT)	: Registered Agent signature re					
9. This corn	poration is eligible to satisfy its Intangible	·			reinstating)	DATE		╛
Tax filing	requirement and elects to do so.	After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.	ע חח	10. Election Campaign Fina	ancing \$5 i	00 May Be	
(See crite	eria on back)	Make Check Payab	le to Department of	f State	Trust Fund Contribution		d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AE	DDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	-{
TITLE NAME	D CHE HIPE	☐ Delete	TITLE	- 2	***************************************	☐ Change	Addition	15
STREET ADDRESS	GUE, JUDE 8370 NW 21 STREET		NAME			•		CR2E034 (9/01)
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NAME		☐ Delete	DILE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				{	
CITY-ST-ZIP			CITY-ST-ZIP					
indicated of the corp	ertily that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empower or on an attachment with an address with	filing does not qualify for the and accurate and that my and to execute this report as	e exemption stated in signature shall have the required by Chapter 6	Section 11 te same le	19.07(3)(i), Florida Statutes, I fu gal effect as if made under oati a Statutes, and that management	rther certify that the inf h; that I am an officer o	ormation or director	

OO) Deytime Phone #