

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

**AMENDED
FILED**

DOCUMENT # P01000048509
1. Entity Name
JUDE NORTH, INC.

02 NOV 27 PM 1:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

000009238540
11/27/02--01042--018 **\$61.25

2. Principal Place of Business
1490 S. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
1627 RIVERVIEW RD
Suite, Apt. #, etc.
415

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

City & State
DEERFIELD BEACH, FL

Zip
33062

Country
USA

Zip
33441

Country
USA

4. FEI Number
65-1105578

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
JOHN A. KASBAR

Street Address (P.O. Box Number is Not Acceptable)
3880 SHERIDAN STREET

City
HOLLYWOOD

State
FL

Zip Code
33021

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 _____ (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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MALCOLM TARRY 1627 RIVERVIEW ROAD, #415 DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VERONICA TARRY 1627 RIVERVIEW ROAD, #415 DEERFIELD BCH, FL 33441
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CR2E034B (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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.20.02 954-781-8206
Date Daytime Phone #