

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

03-26-2002 90055 041 ***150.00
 08-19-2002 90137 047 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000049737

1. Entity Name
 1776 JEFFERSON AVE. CORP.

Principal Place of Business
 DOCKSIDE APT'S. CLOISTER DR.
 PO BOX SS6386. PARADISE ISLAND
 NASSAU BAHAMAS

Mailing Address
 DOCKSIDE APT'S. CLOISTER DR.
 PO BOX SS6386. PARADISE ISLAND
 NASSAU BAHAMAS

2. Principal Place of Business
 1041 SE 17th Street
 Suite, Apt. #, etc.
 101
 City & State
 Ft. Lauderdale, FL
 Zip
 33316
 Country
 USA

3. Mailing Address
 1041 SE 17th Street
 Suite, Apt. #, etc.
 101
 City & State
 Ft. Lauderdale, FL
 Zip
 33316
 Country
 USA

4. FEI Number
 98-0359462

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

6. Name and Address of Current Registered Agent
 GOLD, TYLER A ESO
 2651 N. FEDERAL HWY., STE. 200
 FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$550.00**
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTZ, UWE DOCKSIDE APT'S, CLOISTER DR., PO SS6386 NASSAU BAHAMAS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, WILLIE DOCKSIDE APT'S, CLOISTER DR., PO SS6386 NASSAU BAHAMAS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **8/14/02 954-523-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)