


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90100589

DOCUMENT # P01000049744
 1. Entity Name
1760 JEFFERSON AVE CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1041 SE 17th STREET</u>		3. Mailing Address <u>1041 SE 17th STREET</u>	
Suite, Apt. #, etc. <u>101</u>		Suite, Apt. #, etc. <u>101</u>	
City & State <u>FT. LAUDERDALE, FL</u>		City & State <u>FT. LAUDERDALE, FL</u>	
Zip <u>33316</u>	Country <u>USA</u>	Zip <u>33316</u>	Country <u>USA</u>

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4. FEI Number
98-0359467

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
ALEXANDRA MAGER

Street Address (P.O. Box Number is Not Acceptable)
1041 SE 17th STREET

City
FT. LAUDERDALE FL Zip Code
33316

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: [Signature] Administrator Date: 4/14/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fees is \$150.00
 After May 1: Fees 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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT KUTZ, UWE DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR FREY, WILLY DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

PAID
 APR 17 2003
 BY: 1053

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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: [Signature] Date: 4/14/03 Daytime Phone #: 954-523-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)