

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92186 025 ***150.00

DOCUMENT # P01000076599

1. Entity Name
JEFCO ENTERPRISES, INC.



Principal Place of Business
**1720 NE 79 STREET
SUITE 113
NORTH BAY VILLAGE FL 33141**

Mailing Address
**1720 NE 79 STREET
SUITE 113
NORTH BAY VILLAGE FL 33141**



2. Principal Place of Business 1720 NE 79 Street CSWY		3. Mailing Address 1720 NE 79 Street CSWY	
Suite, Apt. #, etc. SUITE 113		Suite, Apt. #, etc. SUITE 113	
City & State NORTH BAY VILLAGE, FL		City & State NORTH BAY VILLAGE, FL	
Zip 33141	Country USA	Zip 33141	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1129267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE FARIA, JOSE 1720 NE 79 STREET STE 118 NORTH BAY VILLAGE FL 33141		7. Name and Address of New Registered Agent Name De Faria, Jose Street Address (P.O. Box Number is Not Acceptable) 1720 NE 79th Street CSWY SUITE 113 City N. BAY VILLAGE FL Zip Code 33141	
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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 *Rudolph De Faria* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE FARA, JOSE 1720 NE 79 STREET STE 118 NORTH BAY VILLAGE FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 NE 79th Street CSWY - Suite 113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD DE FARA, SANDRA 1720 NE 79 STREET STE 118 NORTH BAY VILLAGE FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 NE 79th Street CSWY - Suite 113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rudolph De Faria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 (308)862.0777
Date Daytime Phone #

CR2E034 (10/02)