

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90266 012 ***150.00

DOCUMENT # P01000085042

1. Entity Name
J.O.G. GIRLS INC.

Principal Place of Business
2200 N FEDERAL HIGHWAY SUITE C
HOLLYWOOD FL 33020

Mailing Address
2200 N FEDERAL HIGHWAY SUITE C
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3020 Lakeshore dr.
 Suite, Apt. #, etc.

3. Mailing Address
3020 Lakeshore dr.
 Suite, Apt. #, etc.

City & State
Fort Lauderdale Florida
 Zip Country
33312 USA

City & State
Fort Lauderdale Florida
 Zip Country
33312 USA

4. FEI Number **65-1133298**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
1001 NORTH FEDERAL HIGHWAY SUITE 202
HALLANDALE FL 33009

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	POULIOT, JOSEE	
STREET ADDRESS	206 B 2ND AVENUE LAC ETCHMIN	
CITY-ST-ZIP	QUEBEC G0R 1S0	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DION, OLIVETTE	
STREET ADDRESS	206 B 2ND AVENUE LAC ETCHMIN	
CITY-ST-ZIP	QUEBEC G0R 1S0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pouliot, Josee	
STREET ADDRESS	3020 Lakeshore dr.	
CITY-ST-ZIP	Fort Lauderdale Florida 33312	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dion Olivette	
STREET ADDRESS	3020 Lakeshore dr.	
CITY-ST-ZIP	Fort Lauderdale Florida 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-02 864-940-2355
 Date Daytime Phone #