

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90084 012 ***150.00

0253991 AV

DOCUMENT # P01000086319

1. Entity Name
JOLAN CORP.

Principal Place of Business
**448 GOLDEN BEACH DR.
GOLDEN BEACH FL 33160**

Mailing Address
**448 GOLDEN BEACH DR.
GOLDEN BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

448 Golden Beach DR

Suite, Apt. #, etc.

Golden Beach F

City & State

FL 33160

Zip

33160

Country

USA

3. Mailing Address

448 Golden Beach DR.

Suite, Apt. #, etc.

Golden Beach F

City & State

FL 3

Zip

33160

Country

USA

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEDBAUER, ROGER
200 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

**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 **D** ☐ Delete
NAME **DICKSTEIN, GABRIEL**
STREET ADDRESS **448 GOLDEN BEACH DR.**
CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE **D** ☐ Delete
NAME **DICKSTEIN, JUDY**
STREET ADDRESS **448 GOLDEN BEACH DR.**
CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

305-936-2469

Daytime Phone #

CR2E034 (9/01)