

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

05-05-2003 91898 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80112161

DOCUMENT # P01000088104		
1. Entity Name JAYS UNIQUE CORP.		
Principal Place of Business 3690 N.E. 22ND. AVE. LIGHTHOUSE POINT, FL 33064		Mailing Address P O BOX 228681 HOLLYWOOD, FL 33022
2. Principal Place of Business		3. Mailing Address 3690 N.E. 22nd Avenue
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Lighthouse Point Florida
Zip	Country	Zip 33064 Country USA
4. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		4. FBI Number 65-1137277
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		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 _____ DATE _____ Signature. Include a printed name of signatory and if it is applicable, DO NOT Registered Agent's printed name and address.		
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 ☐ Delete		TITLE ☐ Change ☐ Addition
NAME PSID LETOURNEAU, ERNEST J JR		NAME
STREET ADDRESS 3690 N.E. 22ND. AVE.		STREET ADDRESS
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 807, 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: Ernest J Letourneau		4/28/03 954 274-7199
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNATORY OR EMPLOYEE		DATE