

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90141 035 ***150.00

DOCUMENT # P01000089936

1. Entity Name
JONLIN ENTERPRISES, INC.



Principal Place of Business
**8440 NORTHWEST 27TH PLACE
SUNRISE FL 33322**

Mailing Address
**8440 NORTHWEST 27TH PLACE
SUNRISE FL 33322**

2. Principal Place of Business
2611 NW 84 Way
Suite, Apt. #, etc.

3. Mailing Address
2611 NW 84 Way
Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number **65-1139521**

Applied For
Not Applicable

Zip **33322** Country **BHAWONG**

Zip **33322** Country **BHAWONG**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, JOHN J
4935 NW 82AVE
LAUDERHILL FL 33351**

Name **JOHN J. BELL**
Street Address (P.O. Box Number is Not Acceptable)
2611 NW 84 Way
City **SUNRISE** FL **33322**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

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 **PTD** ☐ Delete
NAME **JOSEPH, LINDA H**
STREET ADDRESS **8440 NORTHWEST 27TH PLACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☐ Addition
NAME **SUD**
STREET ADDRESS **BELL JOHN J**
CITY-ST-ZIP **2611 NW 84 Way SUNRISE FL 33322**

TITLE **SVD** ☐ Delete
NAME **BELL, JOHN J**
STREET ADDRESS **8440 NORTHWEST 27TH PLACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☐ Addition
NAME **SUD**
STREET ADDRESS **BELL JOHN J**
CITY-ST-ZIP **2611 NW 84 Way SUNRISE FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03 954 746 3050

CR2E034 (10/02)