03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 25 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093840

1. Entity Name
Mair, Jean-Francois & Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3500 N. SR. 7	3500 N. SR. 7
Suite, Apt. #, etc. 479	Suite, Apt. #, etc. 479
City & State Fort Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33319 Country U.S.A.	Zip 33319 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1140945 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mair, Jean-Francois & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3500 North State Rd. 7
Suite 479
City: Fort Lauderdale FL Zip Code: 33319

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 _____ 4/15/03
Signature, typed or printed name of individual with authority, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President & Vice President
NAME	James Jean-Francois
STREET ADDRESS	3500 N. SR. 7, Ste. 479
CITY-ST-ZIP	Fort Lauderdale, FL 33319
TITLE	President & Vice-President
NAME	Kenneth S. Mair
STREET ADDRESS	3500 N. SR 7, Ste. 479
CITY-ST-ZIP	Fort Lauderdale, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SECRETARY OF STATE 04/25/03 01032-007 **150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/15/03 954-730-0082
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

4/25