

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0310044 AV

DOCUMENT # P01000095017

1. Entity Name
JABBER ONE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -8 AM 11:32

Principal Place of Business
2627 IVES DAIRY ROAD
SUITE 118
AVENTURA FL 33180
US

Mailing Address
2627 IVES DAIRY ROAD
SUITE 118
AVENTURA FL 33180
US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1150913
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CFRA, LLC
ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BLVD.
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
PENINSULA REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD., 43RD FLOOR
City MIAMI FL Zip Code 33131

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. PENINSULA REGISTERED AGENTS, INC.

SIGNATURE By: Debra Palmisano, Vice President April 4, 2003
Signature, typed or printed name of agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SHAPIRO, ROBERT L 2627 IVES DAIRY ROAD, SUITE 118 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
200016128502 04/17/03--01006--008 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert L. Shapiro REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Shapiro, President

4-1-03 305-936-8980

Date Daytime Phone #

CR2E034 (10/02)