

2002/2003/2004

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120963				FILED	
1. Entity Name JAFGER, INC.				04 AUG -6 AM 10:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7501 142 AVE North Lot 696 LARGO FL 33771		Mailing Address 7501 142 AVE North Lot 696 LARGO FL 33771		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 4001 BENEVA RD.		3. Mailing Address 16300 NE 19 AVE			
Suite, Apt. #, etc. STE 105		Suite, Apt. #, etc. STE C			
City & State SARASOTA FL		City & State NORTH Miami Beach FL			
Zip 34233	Country USA	Zip 33162	Country	4. FEI Number 01-0566275	Apply Not Ap
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FERNANDO SILVA 16300 NE 19 AVE STE C N. Miami Beach FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500040224275 City 08/16/04-01080-007 ***450-00 Zip Code FL		
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 _____ (Type, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) 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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 Added to	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERMAN ALMIRON 7501 142 AVE N. LOT 696 LARGO FL 33771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERMAN ALMIRON 4001 BENEVA RD #105 SARASOTA FL 34233	☒ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIA LINA RONDA 4001 BENEVA RD #105 SARASOTA FL 34233	☐ Change ☒ ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
REINSTATEMENT 03-04					
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 info 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 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 E changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: German Almiron			8/2/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

JAFGER, INC.
4001 BENEVA RD. STE 105
SARASOTA FL 34233

August 2, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Ref.: P01000120963 - JAFGER, INC.

Dear Sir or Madam:

We would like to let you know that we HAVE NOT RECEIVED ANY FORM BY MAIL to renew the Corporation for years 2002, 2003 & 2004. We made a copy from blank form to try to accomplish with the State Law, please accept our check without penalty. We are trying to comply with the Corporate Renewal for these years.

We really appreciate your cooperation on this matter.

Cordially,


German Almiron
President