

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90601 018 ***150.00

DOCUMENT # P02000012811

1. Entity Name
JFZ GROUP, INC.



Principal Place of Business
**988 N.W. 156 AVENUE
PEMBROKE PINES FL 33028**

Mailing Address
**988 N.W. 156 AVENUE
PEMBROKE PINES FL 33028**



2. Principal Place of Business

7806 N.W. 46th ST.

3. Mailing Address

7806 N.W. 46th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #14

UNIT #14

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33166 DADÉ

33166 DADÉ

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3598382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAN, YU
988 N.W. 156 AVENUE
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **FAN, YU**
Street Address (P.O. Box Number is Not Acceptable)
988 N.W. 156 Ave
City **Pembroke Pines FL** Zip Code **33028**

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

**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 **D** ☐ Delete
NAME **FAN, YU**
STREET ADDRESS **988 N.W. 156 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
NAME **ZHOU, JIAN HUA**
STREET ADDRESS **988 N.W. 156 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (305) 718-9838
Date Daytime Phone #

CR2E034 (10/02)