

FILED
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Secretary of State

02-06-2003 90101 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018351

1. Entity Name
JVF HILLSBORO PROPERTIES, INC.



Principal Place of Business
5360 N.W. 15TH STREET
M10
MARGATE FL 33063

Mailing Address
5360 N.W. 15TH STREET
M10
MARGATE FL 33063

2. Principal Place of Business
8211 West Broward Blvd
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
P.O. BOX 26060
Suite, Apt. #, etc.

City & State
Plantation, FL

City & State
TAMARAC, FL

Zip
33324

Zip
33320

4. FEI Number
01-0617381

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ALLEN, CHARLES M
5500 N.W. 15TH STREET
M10
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Charles Allen
Street Address (P.O. Box Number is Not Acceptable)
251 SW 10 ct
City
Pompano Beach FL Zip Code
33060

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PULLA, JOE
5500 N.W. 15TH STREET
MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
PULLA, VINCE
5500 N.W. 15TH STREET
MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Pulla, Joe
555 Steeprock Dr
Downsview, ONTARIO, CANADA, M3J 2Z6 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
Pulla, Vince
555 Steeprock DR
Downsview, Ontario, CANADA M3J 2Z6 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)