

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 042 ***150.00

DOCUMENT # P02000091860

1. Entity Name
JAG INT'L OF SO. FLA., INC.



Principal Place of Business
241 SE 12TH COURT
POMPANO BEACH FL 33060

Mailing Address
241 SE 12TH COURT
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

9720 Pine Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

4. FEI Number

22-3868171

Applied For

Not Applicable

Zip

Country

Zip

Country

33024

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOEHM-GORDON, KIMBERLY R
241 SE 12TH COURT
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Kimberly Boehm
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1-1-

TITLE **PTSD** ☐ Delete
NAME **BOEHM-GORDON, KIMBERLY R**
STREET ADDRESS **241 SE 12TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Kimberly Boehm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/03 9546504817

CR2E034 (4/03)

Attachment



80135456
#P0200091860

2700 W Atlantic Blvd 200-19
Pompano Beach, Fl 33069
Tel 954-970-8908
Fax: 954-974-0640
e-mail jagintl@bellsouth.net
FMC# 18147F

July 29, 2003
Division of Corporations,

I am requesting that you the penalties be waived for the above corporation. We never received that first Uniform Business report that was due before May 01 2003. The address you have is correct so we are not sure what happened. Please find enclosed the \$150.00 that is due.

Thank you,

Kimberly Boehm
Kimberly Boehm