2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000124777

1. Entity Name JINNPAK CO



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90417 017 ***150.00

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Principal Plac		s		g Address			_[
230 VILLA DESTE #1510 DELRAY BEACH FL 33445			230 VILLA DESTE #1510			1						
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2. Principal Place of Business			3. Mailing Address				7		ET HERELD FRANK BARRES			
							_					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State			4.	4 FELNiumber . Applie			ed For	7	
1	-					1 "	FEI Number (65-1161510		+	pplicable	1	
Zip	Zip Country			Zip Count			5.	Certificate of Status Desired [\$8.75		onal	7
	e Nama	and Address of Current R				Ц	Fee Required					
	O. IVallie	and Address of Current R	egistere	d Agem		Name		Name and Address of New Regis	tered Agent			1
LAMOTTE	, LESLIE R					15.0.5						
230 VILLA	DESTE #1	1510				Street Address	(P.O. E	(P.O. Box Number is Not Acceptable)				1
DELRAY E	BEACH FL 3	33445									<u> </u>	1
1						City			FL Zip	Code		4
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	e named entity tions of regist		ine purp	ose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florida.	i am familiar v	ith, and	d accept	ł
-												
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if appl	licable. (NOTE	Registere	d Agent signature require	ed when r	reinstating)	DATE			l
F	II E NOW!!	! FEE IS \$150.00										7
		3 Fee will be \$550.00						S. Election Campaign Financia Trust Fund Contribution.	ng \$ □ A	5.00 dded to	May Be	
Make Check	k Payable to	Florida Department of S	State					Indistribution.		idea to	rees	
10.	1050	OFFICERS AND D	IRECTO		11.	·	ΑC	DDITIONS/CHANGES TO OFFICER	S AND DIRECT].
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CITY-ST-ZIP		EACH FL 33445				-ST-ZiP						
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CITY-ST-ZIP						ST-ZIP						
12. I hereby o	certify that the	information supplied with the	nis filina (does not qualify for	the exer	notion stated in S	ection	119.07(3)(i), Florida Statutes, I furth	er certify that t	he infor	rmation	1

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:

Wre reatined c PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 702 2581