

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-01-2003 90041 014 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO3000000028**

1. Entity Name

JAFRE PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

55051575

2. Principal Place of Business

PO Box 540967

Suite, Apt. #, etc.

3. Mailing Address

PO Box 540967

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

16-1675001

Applied For

Not Applicable

Zip

33454

Country

USA

Zip

33454

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bennett S. Cohn

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

1600 Old Okeechobee Rd

Suite 200

City

LWPB

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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/VP/T/S/O/C/M
Fred Shasteen Sr.
7407 Seabreeze DRIVE
LW FL 33467**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Shasteen Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/03

Date

Daytime Phone #

CR2E0348 (12/02)

Attachment 55051575
[REDACTED]

P03000000028

JAFRE PROPERTIES, INC.

P.O. BOX 540967

LAKE WORTH, FL. 33454

Dear Sirs,

We received our original Corporation Papers in January 2003. We did not receive the annual UBI to renew the corporation. We down-loaded the form off the Internet and are sending it in. Thank you for your help in this matter.

Sincerely,

Fred Shasteen President