

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

03-15-2005 90030 049 ***150.00

DOCUMENT # P04000049156					
1. Entity Name J & U PROPERTY MANAGEMENT CORPORATION					
Principal Place of Business 3029 SUMMER VALE DR. HOLIDAY, FL 34691			Mailing Address 3029 SUMMER VALE DR. HOLIDAY, FL 34691		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0835423		Applied For ☐ Not Applicable			
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAH, JAYSUHA 3029 SUMMER VALE DR HOLIDAY, FL 34691			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PTD SHAH, JAYSUHA 3029 SUMMER VALE DR HOLIDAY, FL 34691				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAH, USHAKIRAN 3029 SUMMER VALE DR HOLIDAY, FL 34691				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
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 of Officer or Director)					

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3-12-05 7207-934-3042