

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

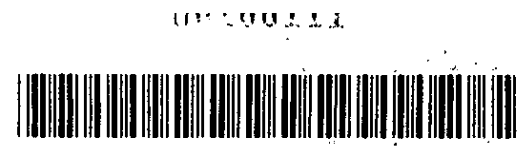
05-20-2002 90103 039 \*\*\*150.00

CR15000 AT

**DOCUMENT # P92000008923**

1. Entity Name  
**JUCFAM ASSOCIATES, INC.**

Principal Place of Business <b>1933 RIDGE RD.          NORTH PALM BEACH FL 33408</b>	Mailing Address <b>25802 PRAIRIESTONE DR          LAPUNA HILLS CA 92653</b>
---	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0372338** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**AVIZONIS, LINDA V  
 1933 RIDGE RD.  
 NORTH PALM BEACH FL 33408**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>AVIZONIS, LINDA V</b>
STREET ADDRESS	<b>25802 PRAIRIESTONE DR</b>
CITY-ST-ZIP	<b>LAGUNA HILLS CA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LIAUKUS, MILDA E</b>
STREET ADDRESS	<b>21 BROWNSON DR</b>
CITY-ST-ZIP	<b>HUNTINGTON CT</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JUCENAS, ANTHONY L</b>
STREET ADDRESS	<b>2291 MIRASOL DR</b>
CITY-ST-ZIP	<b>VISTA CA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CALLO, GAILE</b>
STREET ADDRESS	<b>90 WEDGEWOOD DR</b>
CITY-ST-ZIP	<b>CENTERVILLE MA</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>230 Fuller Rd.</b>
CITY-ST-ZIP	<b>Centerville, MA 02632</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **4/24/02** **949-362-1472**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)