

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000005819**

1. Entity Name

**J.P.R. ENTERPRISES, INC.****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90006 043 \*\*\*150.00

Principal Place of Business

Mailing Address

5100 N W 66TH AVE  
LAUDERHILL FL 33319  
US5100 N W 66TH AVE  
LAUDERHILL FL 33319  
US

2. Principal Place of Business

**6077, 143<sup>RD</sup> DR. N.**

Suite, Apt. #, etc.

3. Mailing Address

**6077, 143<sup>RD</sup> DR. N.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**LOXAHATCHEE FL.**

City &amp; State

**LOXAHATCHEE FL.**

4. FEI Number

**APPLIED FOR****65-0379348**

Applied For

Not Applicable

Zip

**33470-5345**

Country

**U.S.**

Zip

**33470-5345**

Country

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

6. Name and Address of Current Registered Agent

**ROY, PAUL  
5100 NW 66TH AVE  
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name

**ROY, PAUL**

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

**6077, 143<sup>RD</sup> DR. N.****LOXAHATCHEE FL.**

City

**LOXAHATCHEE FL.**

FL

Zip Code

**33470**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Paul Roy****1/26/01**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, 2001 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>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROY, PAUL</b>	
STREET ADDRESS	<b>5100 NW 66TH AVE.</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6077, 143<sup>RD</sup> DR. N</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL. 33470</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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul Roy****1/26/01****(954) 931-9621**

Date

Daytime Phone #

CR2E034 (10/00)