

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90008 020 ***150.00

DOCUMENT # P93000012839

1. Entity Name
JB PAPERIE, INC.

Principal Place of Business

**1027 ANDALUSIA AVENUE
 CORAL GABLES FL 33134
 US**

Mailing Address

**1027 ANDALUSIA AVENUE
 CORAL GABLES FL 33134
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**730 Davis Road
 Suite, Apt. #, etc.
 Coral Gables, Florida
 City & State**

3. Mailing Address

**730 Davis Road
 Suite, Apt. #, etc.
 Coral Gables, Florida
 City & State**

Zip
33143

Country
USA

Zip
33143

Country
USA

4. FEI Number **65-0392434**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BEHAR, JENNIFER
 1027 ANDALUSIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Jennifer Behar**
 Street Address (P.O. Box Number is Not Acceptable)
**730 Davis Road
 Coral Gables, Florida
 City FL Zip Code 33143**

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

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 **D** ☐ Delete
 NAME **BEHAR, JENNIFER**
 STREET ADDRESS **1027 ANDALUSIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ Delete
 NAME **BEHAR, LAWRENCE**
 STREET ADDRESS **1027 ANDALUSIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Jennifer Behar**
 STREET ADDRESS **730 Davis Road**
 CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 **305/667/0367**
305/807/1611
 Date Daytime Phone #

CR2E034 (9/01)