

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90026 022 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000040330
 1. Entity Name
J N B KALOF INC.

Principal Place of Business Mailing Address
 1640 NW 10TH AVE 1640 NW 10TH AVE
 HOMESTEAD FL 33030 HOMESTEAD FL 33030

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

13953 SW 66 STREET
Apt. 407
MIAMI, FL 33183
USA

4. FEI Number Applied For
65-0498214 Not Applicable

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

6. Name and Address of Current Registered Agent
KALOF, GREGORY E
1640 NW 10TH AVE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent
 Name: **GREGORY E. KALOF**
 Street Address (P.O. Box Number is Not Acceptable)
13953 SW 66 ST, APT 407
 City **MIAMI** FL Zip Code **33183**

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: **GREGORY E. KALOF** DATE: **4/19/2001**
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KALOF, GREGORY E	1640 NW 10TH AVE	HOMESTEAD FL 33030	<input type="checkbox"/>
TSD	KALOF, BOONNUANG P	1640 NW 10TH AVE	HOMESTEAD FL 33030	<input checked="" type="checkbox"/>
D	PEDRAZA, JUNTREE	1640 NW 10TH AVE	HOMESTEAD FL	<input checked="" type="checkbox"/>
D	KALOF, NATEE	1640 NW 10 AVE	HOMESTEAD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TSD	PEDRAZA, JUNTREE	13971 SW 270 STREET	NARANJA, FL 33032	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **GREGORY E. KALOF** Date: **4/14/2001** Daytime Phone #: **305-576-5216x30940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VI10070

CR2E034 (10/00)