

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90019 029 ***150.00

DOCUMENT # P93000057429

1. Entity Name

JODE OF BROWARD INC.

00083101



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

WEST SAMPLE ROAD
 SPRINGS FL 33074

6261 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065-4713

2. Principal Place of Business

8035 W. Sample Rd

Suite, Apt. #, etc.

3. Mailing Address

8035 W. Sample Rd

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065-4713

Country

U.S.A.

Zip

33065-4713

Country

U.S.A.

4. FEI Number

65-0441925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRETHNIE V. WESTBROOKS
 8040 N.W. 47 COURT
 LAUDERHILL FL 33351

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
 NAME KAZANJIAN, ROBERT
 STREET ADDRESS 8040 N.W. 47 COURT
 CITY-ST-ZIP LAUDERHILL FL 33351

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

TITLE VPS ☐ Delete
 NAME GRETHNIE V. WESTBROOKS
 STREET ADDRESS 8040 N.W. 47 COURT
 CITY-ST-ZIP LAUDERHILL FL

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

TITLE VP ☒ Delete
 NAME SOVEY, JAMEY
 STREET ADDRESS 1309 SE 2 ST
 CITY-ST-ZIP POMPANO BCH FL 33060

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

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kazanjian ROBERT KAZANJIAN

Date

4/24/00

Daytime Phone #

954/340-0802

CR2E034 (9/99)