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

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P93000059436 JADET INVESTMENTS, INC. 04-27-2001 90237 016 \*\*\*150.00 Principal Place of Business Mailing Address 430 NW 90TH ST 430 NW 90TH ST MIAMI FL 33150 MIAMI FL 33150 DREGREE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ✓ Applied For 65-0450796 Not Applicable Country\_ Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN ST SUITE 300 HOLLYWOOD FL 33021 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDG ☐ Addition CR2E034 (10/00 TIT! F TITLE ☐ Change ☐ Delete CASSIS, JACQUES NAME NAME 430 NW 90TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change CASSIS, DARELL NAME NAME 430 NW 90 ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-7IP TITLE ☐ Delete TITL F Change Addition CASSIS, JACQUES J NAME NAME STREET ADDRESS 430 NW 90 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CASSIS, ERIKA NAME NAME 430 NW 90 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CASSIS, DAREN NAME NAME 430 NW 90 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change Addition EVANS, HILDA NAME NAME STREET ADDRESS 1260 NE 139 ST., #1 STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 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. 4/22/01 SIGNATURE: \_ SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR