## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90292 042 \*\*\*150.00

1. Entity Na	, , ,	000601	770	05-14-2002 902	92 042 130.00
JF Group, Inc.				00100	
	DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	ate	City & State	1	4. FEI Number 59-3205528	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
				7. Name and Address of Current Registers	Fee Required
	DO NOT WI	医铁环酰胺 医髓性 二维化 人名巴尔维	Name Street Address	(P.O. Box Number is Not Acceptable)	
			City	FL	Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its r	edistered office or registe	red agent, or both, in the State of Florida.	
Tax filing i	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	January 1 - Ma After May 1	Registered Agent signature required by 1. Fee its \$150.00 Fee its \$550.00 UBR its \$61.25	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11.	OFFICERS AND D		e to Department of Sta	ie i	1. T
TITLE ENAME STREET ADDRESS CITY-ST-ZIP		nter Pkwy#11 2751 #114	IIILE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Jang, Michelle 2400 Maitland Ce Maitland, FL 32	#114 nter Pkwy 751	TITLE A ANAME A STREET ADDRESS CITY ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر ساری سر این می این این این این این این این این این ای	بريون لا مصدر	NAME SIREET ADDRESS CITY-ST-72P	DO NOT WRI	TE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			TILLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	DE CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE.  NAME  STREET ADDRESS:  CITY-ST-Zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MAME STREET ADDRESS CHY-ST-ZIP		
<ol> <li>I hereby ce indicated of the corp</li> </ol>	ertify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empow	s filing does not qualify for the le and accurate and that my : ered to execute this report a		tion 119.07(3)(i), Florida Statutes. I further cert ame logal effect as if made under oath; that is 7. Florida Statutes; and that my name appears	fy that the information m an officer or director

SIGNATURE:

(407) 4/25/02 660∓2272