

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90412 036 ***150.00

01: 303

DOCUMENT # P94000062519

1. Entity Name
JAG & BENZ EXCHANGE, INC.

Principal Place of Business
5721 FUNSTON STREET
HOLLYWOOD FL 33023

Mailing Address
2209 CYPRESS BEND DRIVE
POMPANO BEACH FL 33069

2. Principal Place of Business
1321 NW 14th ave #A
 Suite, Apt. #, etc.
#A

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
POMPANO Bch. FL

Zip
33069

Country
BROWARD

City & State

Zip
 Country

4. FEI Number
65-0517473

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HORVATH, ATTILA
2209 CYPRESS BEND DRIVE
PH#1
POMPANO BEACH FL 33069

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 **ATTILA HORVATH** **4/23/01**
 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, 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 **PD** ☐ Delete
 NAME **HORVATH, ATTILA**
 STREET ADDRESS **2209 CYPRESS BEND DR PH1**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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: **ATTILA HORVATH** **4/23/01 954-558-5994**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)