

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90281 035 ***150.00

0278011 AV

DOCUMENT # P95000004094

1. Entity Name

THE JEFFERSON FINANCIAL GROUP, INC.



Principal Place of Business

1820 NE 163RD ST.

#203

N. MIAMI BCH FL 33162

US

Mailing Address

1820 NE 163RD ST.

#203

N. MIAMI BCH FL 33162

US

2. Principal Place of Business

16455 NE 6th AVE

3. Mailing Address

16455 NE 6th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0548792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MILLER, JEFFERSON C

1820 NE 163RD ST.

STE 203

N. MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name

JEFF MILLER

Street Address (P.O. Box Number is Not Acceptable)

16455 NE 6th AVE

City

N. MIAMI BEACH, FL

Zip Code

33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, JEFFERSON C	
STREET ADDRESS	1820 NE 163RD ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, DONNA	
STREET ADDRESS	1820 NE 163RD ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF MILLER	
STREET ADDRESS	16455 NE 6th AVE	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA STEVENS	
STREET ADDRESS	16455 NE 6th AVE	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

305-945-8070
Daytime Phone #

CR2E034 (10/02)