

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000034301**

1. Entity Name

**J.R. EXPORT, INC.****FILED****Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90041 004 \*\*\*150.00

Principal Place of Business

**940 LINCOLN ROAD MALL  
SUITE 204  
MIAMI BEACH FL 33139**

Mailing Address

**940 LINCOLN ROAD MALL  
SUITE 204  
MIAMI BEACH FL 33139-2610**

2. Principal Place of Business

**203 E. FLAGLER ST.**

3. Mailing Address

**203 E. FLAGLER ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**MIAMI-FL**

City &amp; State

**MIAMI FL 33131**

Zip

**33131**

Country

Zip

**33131**

Country

4. FEI Number

**65-0579961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****LACOBY, EZRA  
940 LINCOLN ROAD MALL  
SUITE 204  
MIAMI BEACH FL 33139****7. Name and Address of New Registered Agent**

Name

**EZRA JACOBY**

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

**203 E. FLAGLER ST.**

City

**MIAMI FL****FL**

Zip Code

**33131**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>JACOBY, MOSHE</b>			
	<b>2425 NE 195 ST</b>			
	<b>N MIAMI BEACH FL 33180</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/13/2000**