

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90355 005 ***150.00

DOCUMENT # P95000045181

1. Entity Name
JEN-RAQ ENTERPRISES, INC.



Principal Place of Business
**7715 SW 146TH TERRACE
MIAMI FL 33158**

Mailing Address
**7715 SW 146TH TERRACE
MIAMI FL 33158**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0590595**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RABIN, ROBERT A
5975 SUNSET DRIVE STE 301
SOUTH MIAMI FL 33143**

Name **JEFFREY H. NEDELMAN**
Street Address (P.O. Box Number is Not Acceptable)
7715 S.W. 146 TERRACE
City **MIAMI** **FL** Zip Code **33158**

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 *Jeffrey H. Nedelman* **JEFFREY H. NEDELMAN** **4-27-03**
(NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	NEDELMAN, JEFFREY H	7715 SW 146TH TERRACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete			MIAMI FL 33158	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: *Jeffrey H. Nedelman* **JEFFREY H. NEDELMAN**, **4-27-03**, **233-1567**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)