

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90195 024 ***150.00

DOCUMENT # P95000046391

1. Entity Name
JENEX, INC.

Principal Place of Business
**2517 NE 18 ST
FT LAUDERDALE FL 33305**

Mailing Address
**2517 NE 18 ST
FT LAUDERDALE FL 33305**

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 **65-0592947**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JENSEN, JOHN B
2517 NE 18 ST
FT LAUDERDALE FL 33305**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PS** ☐ Delete
NAME **XAVIER, JERONIMO**
STREET ADDRESS **2517 NE 18 ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE **VPT** ☐ Delete
NAME **JENSEN, JOHN**
STREET ADDRESS **2517 NE 18 ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Richard L. Shoemaker, P.A.
Certified Public Accountant

Member of
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Richard L. Shoemaker, CPA

Attachment#

July 24, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: UBR 2002 for P950000046391

/675477

Dear Sir or Madam:

Enclosed please find UBR Report 2002 for the above listed Corporation and a check in the amount of \$150.00 for filing. We respectfully request that the penalties be abated for this filing as the entity did not receive the original form and was not aware that filing was due.

All future forms will be done by our office, and prompt filing is assured. Your consideration in this matter is greatly appreciated.

Sincerely yours,

Richard L. Shoemaker, P.A.
Richard L. Shoemaker, P.A.