

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0074664 AV

DOCUMENT # P95000055150

1. Entity Name
J.F.G., INC.



FILED

03 JUL -8 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4030 NW 120TH WAY
SUNRISE FL 33323

Mailing Address
4030 NW 120TH WAY
SUNRISE FL 33323

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 65-0602773

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

7. Name and Address of New Registered Agent

GUTKIN, JEWEL
4030 NW 120TH WAY
SUNRISE FL 33323

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D GUTKIN, FRED M 4030 NW 120TH WAY SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTKIN, JEWEL 4030 NW 120TH WAY SUNRISE FL 33323	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200021410162 07/09/03--01027--015 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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]* REQUIRED UP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03

954 7496029

CR2E034 (4/03)

Attachment

7/2/03

To whom this may concern, I Realize
this is late But its the 1st form #P95000055150
I Received And it just came today. (7/2/03)

I hope you will waive the fee.
I have Been on chemo since Sept And
on Disability since Feb. I could have
seen it, misplaced it OR Disguised it.
My Body and mind WAS effected with this
Illness.

You can contact my Dr At Jackson
Memorial, Dr Eugene schiff to verify (Dr of Liver Diseases)

I AM SO SORRY

Please Advise And I hope you will
waive the fee.

Thank you so much

Jewel Butkin

Jewel Butkin

P 950000 5150

65-0602773
954-749-6029

Please Advise
If fee is
waived