

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065334

1. Entity Name

JENERICORP, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90147 009 ***150.00

Principal Place of Business

Mailing Address

7456 SW 115 COURT
MIAMI FL 33173
US

7456 SW 115 COURT
MIAMI FL 33173-2604
US

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 65-0603620

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

SHAW, JULIAN
7456 S.W. 115 CT.
MIAMI FL 33173

Name LAWRENCE JULIAN SHAW
Street Address (P.O. Box Number is Not Acceptable)
City MIAMI 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

SIGNATURE Julian Shaw

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME JACOBS, JENNIFER S
STREET ADDRESS 7456 SW 115 COURT
CITY-ST-ZIP MIAMI FL 33173

TITLE DIRECTOR
NAME LAWRENCE J SHAW
STREET ADDRESS 4674 SW 153 CT
CITY-ST-ZIP MIAMI FLA 33185

TITLE S
NAME SHAW, ELICENE
STREET ADDRESS 7456 SW 115 COURT
CITY-ST-ZIP MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME LAWRENCE J. SHAW
STREET ADDRESS 4674 SW 153 CT
CITY-ST-ZIP MIAMI FLA 33185

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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: Julian Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

35-271-1050

Daytime Phone #

CR2E034 (9/99)