

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096130

1. Entity Name
THE JAFFE BUILDING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90121 015 ***150.00

Principal Place of Business
5700 NORTH BAY ROAD
MIAMI FL 33140

Mailing Address
10061 PINES BLVD.
SUITE A
PEMBROKE PINES FL 33024

00052486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
555 SW 12th Ave
Suite, Apt. #, etc.
Suite 101
City & State
Pompano Bch, FL
Zip
33069
Country
USA

3. Mailing Address
555 SW 12th Ave
Suite, Apt. #, etc.
Suite 101
City & State
Pompano Bch, FL
Zip
33069
Country
USA

4. FEI Number 65-0631684
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

CHASE, ALAN R
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156

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.

SIGNATURE _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D JAFFE, NORMAN S 18999 BISCAYNE BLVD NORTH MIAMI BEACH FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFE, ANN L 18999 BISCAYNE BLVD NORTH MIAMI BEACH FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)