FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P96000002785 1. Entity Name 02-07-2002 90066 002 ***150.00 JAKE-B, INC. Mailing Address Principal Place of Business MARTIN BRODY 1500 S. OCEAN BLVD. #1103 30 COLUMBIA TEMPLE **BOCA RATON FL 33432** FLORHAM PARK EL 07932 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 22-3281419 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRODY 1500 S OCEAN (1101 3 **BOCA RATON FL 33432** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE ☐ Delete NAME NAME BRODY, MARTIN STREET ADDRESS STREET ADDRESS 1500 S. OCEAN BLVD. #1103 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

50 COLUMBIA TURNPIKE # 1960000 278

VIA CERTIFIED MAIL RRR # 7000 1670 0006 4831 2274

January 15, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed please find the following form:

TAXPAYER

FORM

AMOUNT DUE

Martin Brody

2002 UBR

\$150.00

Please call if you have any questions.

Very truly yours,

Debra L. Kass

Enclosures

NOTE: Please receipt and return the enclosed copy of this letter in the envelope provided.

HACHMENT HMK ASSOCIATES 30 COLUMBIA TURNPIKE

FLORHAM PARK, NEW JERSEY 07932

#19600002785

TEL.: 973 • 408 • 9000

408.973.408.98 402399

VIA CERTIFIED MAIL RRR # 7000 1670 0006 4831 2274

January 15, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

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HMK ASSOCIATES

30 COLUMBIA TURNPIKE FLORHAM PARK, NEW JERSEY 07932

HMK Associates, Inc. 30 Columbia Turnpike Florham Park, NJ 07932