

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90367 041 ***150.00

DOCUMENT # P96000017650

1. Entity Name
JLF, INC.

Principal Place of Business

**8102 S.W. 23RD STREET
 N. LAUDERDALE FL 33068**

Mailing Address

**8102 S.W. 23RD STREET
 N. LAUDERDALE FL 33068**

2. Principal Place of Business

**9380 Sunrise Lakes Blvd
 Suite, Apt. #, etc. #307**

3. Mailing Address

**9380 Sunrise Lakes Blvd,
 Suite, Apt. #, etc. #307**



DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number **65-0645972**

Applied For
 Not Applicable

Zip
33322

Country
U.S.A.

Zip
33322

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DUBROW, B. ALAN P.A.
 2832 UNIVERSITY DR
 CORAL SPRINGS FL 33065**

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.

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 \$150.00

**After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **FELDMAN, GERALD**
 STREET ADDRESS **8102 S.W. 23RD STREET**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **D.** ☒ Change ☐ Addition
 NAME **Feldman, Gerald**
 STREET ADDRESS **9380 Sunrise Lakes Blvd, #307**
 CITY-ST-ZIP **Sunrise, FL 33322**

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

TITLE ☐ Change ☐ Addition
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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: **GERALD FELDMAN** **4-20-02** **954-741-4863**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)