

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90216 044 ***150.00

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DOCUMENT # P96000017650

1. Entity Name
JLF, INC.



Principal Place of Business
**9380 SUNRISE LAKES BLVD.
SUITE 307
SUNRISE FL 33322**

Mailing Address
**9380 SUNRISE LAKES BLVD.
SUITE 307
SUNRISE FL 33322**

11015757



2. ~~Principal Place of Business~~ **Dubrow & Duker Assoc.**
40 2832 University Dr.
Suite, Apt. #, etc.

3. ~~Mailing Address~~ **Dubrow & Duker Assoc.**
40 2832 University Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, FL
Zip
33065
Country
USA

City & State
Coral Springs, FL
Zip
33065
Country
USA

4. FEI Number
65-0645972

Applied For
☐ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **FELDMAN, GERALD**
STREET ADDRESS **9380 SUNRISE LAKES BLVD. #307**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☒ Change ☐ Addition
NAME **FELDMAN, GERALD**
STREET ADDRESS **16218 W. STARLIGHT DRIVE**
CITY-ST-ZIP **SURPRISE, AZ 85374**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **954-341-0905**
Date Daytime Phone #

CR2E034 (10/02)