2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055197

1. Entity Name

J.B HOTEL CORP.

FILED Jan 25, 2000 8:00 am Secretary of State

0.0 (101)	LL VOIII .				01-25-2000 901	21 010 *	***150.00	
Principal Plac	e of Business	Mailing Address						
1500 S. OCEAN BLVD SUITE 706S BOCA RATON FL 33432 US		826 SUNSET AVENUE HAWORTH NJ 07641-1538			: IBENIBAN (?# 1811A PNIXI BANI) BAN) 20(II 40 (0) 4	6079	41
2. Principal Place of Business 500 S.E. 5th Ave		3. Mailing Address 826 Sunset Ave, Box C		2				
Suite, Apt. Suite	,	Suite, Apt. #, etc.		-	DO NOT WE	IITE IN THIS	S SPACE	
City & Stat		City & State Haworth, NJ		4.	4. FEI Number 22-3452282		Applied For	
Zip	Country	Zip 07641	Country USA	5.	Certificate of Status Desired		\$8.75 Add	
33432	6. Name and Address of Current			7.	Name and Address of New	Registered		
Jabara, Theodore R 1500 S. Ocean BLVD Suite 7065 Boca Raton FL 33432		Address Change Street Address (500 S.E		ddress (PO E S.E. 5	eodore R. lox Number is Not Acceptab th Ave Suite 7	le)		
8. The above	frames entity submits this statement for the sta	Edward R. Jaba	egistered office o		ent, or both, in the State of F	lorida.	<u>= 133432</u> 8/2000	
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 Sta		550.00	10. Election Campaign F Trust Fund Contributi	-		O May Be to Fees
11.	OFFICERS AND		12.		DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JABARA, THEODORE 1500 S OCEAN BLVD. BOCA RATON FL	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S.E	Theodore . 5th Ave, Suit	e 705S	Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JABARA, EDWARD 146 76 ST BROOKLYNE NY	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DITOURING III	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y. (1	☐ 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
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that my	signature shall h	ave the same	legal effect as if made under	oath; that I	am an officer	or director

Edward R. Jabara

1/18/2000 Daytime Phone #