

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90003 020 \*\*\*550.00

0082941 AV

**DOCUMENT # P96000088433**  
 1. Entity Name  
**JAF INVESTMENT #406, INC.**

Principal Place of Business  
**1701 S.W. 12TH AVENUE**  
**BOCA RATON FL 33486**

Mailing Address  
**1701 S.W. 12TH AVENUE**  
**BOCA RATON FL 33486**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**7284 W. PALMETTO PK RD**  
**SUITE 101**  
 City & State  
**BOCA RATON FL 33433**

3. Mailing Address  
 Suite, Apt. #, etc.  
**7284 W. PALMETTO PK RD**  
**SUITE 101**  
 City & State  
**BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

Zip  
**Palm Beach**

Country  
**Palm Beach**

4. FEI Number  
**65-0705428**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**JAFERI, ALI M**  
**1701 S.W. 12TH AVENUE**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
 Name  
**JAFERI, ALI M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7284 W. PALMETTO PK RD**  
**SUITE 101**  
**BOCA RATON FL 33433**  
 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]* DATE **7/17/01**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAFERI, ALI M</b> <b>1701 S.W. 12TH AVENUE</b> <b>BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAFERI, ALI M.</b> <b>7284 W. PALMETTO PK RD</b> <b>SUITE 101</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **ALIM. JAFERI** **7/17/01 (561)392-9450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)