## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000101234

1. Entity Name

J.G.H. HOLDINGS II, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90168 037 \*\*\*150.00

rincipal Place of Business 0700 SW 48 STREET OOPER CITY FL 33328		Mailing Address 10700 SW 48 STREET COOPER CITY FL 33328					#  <b>        </b>	<b>118</b> 41 <b>828</b> 1881	Qi41 1291	
	The state of the s	San Trans		_ <del></del>	-\ <del>-</del>					
. Principal Place	e of Business	3. Mailing Address				1 +551  <b>5</b> 4  Mg (21)4 5144 2511 5444 45154 Mg				
Suite, Apt. #, e	elc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0860207 Applied For Not Applicable					
Zip Country		Zip Coun		try <b>5.</b> C		Certificate of Status Desired	\$8 Fee	.75 Additi Required	onal	
	6. Name and Address of Curren	nt Registered Agent	<u> </u>		7. N	ame and Address of New Register	ed Age	nt		
	6. Name and Address of Curren	It fregiotores reg		Name						
ALBERTINE, I	MICHAEL O		Street Address			(P.O. Box Number is Not Acceptable)				
	IMERCIAL BLVD STE 301			<u> </u>						
FT LAUDERD	ALE FL 33309	-		City			FL	Zip Code		
		d abonaina	ite register	ed office or regis:	tered age	ent, or both, in the State of Florida. I	am fam	iliar with, ar	nd accept	
8. The above na the obligation	amed entity submits this statement as of registered agent.	tor the purpose of changing	na registei	55 555 5r regio					ļ	
SIGNATURE	gnature, typed or printed name of registered age	ent and title if applicable. (N	IOTE: Registere	ed Agent signature requ	ired when re	ainstating) DA	ATE .		<del></del>	
FIL After N	E NOW!!! FEE IS \$150.00	00				Election Campaign Financing Trust Fund Contribution.		Added 1		
	Payable to Florida Department	ND DIRECTORS	11.		Ā	DDITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	IN 11	
10.		Delete	TIT					_ Change	☐ Addition	
TITLE D	DELGADO, HERMINIO		NAI	ME						
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NAME STREET ADDRESS				TREET ADDRESS						
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NAME	÷ .			AME ADDRESS						
STREET ADDRESS	· <b>-</b>			TREET ADDRESS			•			
CITY-ST-ZIP					in Sectio	n 119.07(3)(i). Florida Statutes. I furth	ner cert	ify that the i	nformation	
12. I hereby c	ertify that the information supplied	d with this filing does not quali port is true and accurate and t	ity for the e that my sig	exemption stated nature shall have	the sam	n 119.07(3)(i), Florida Statutes. I furth le legal effect as if made under oath; orida Statutes; and that my name app	that I a	n an officer Block 10 o	or director r Block 11 if	
of the corp	on this report of suppliemental rep poration or the receiver or trustee of or on an attachment with an addre	empowered to execute this re	eport as red ered.	quired by Chapte	r 607, H0	ie legal effect as it made under oath; orida Statutes; and that my name app		· ·- <del>-</del>		
changed,	or on an attachment with an addit		ineria.	,					9942	