

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002510

1. Entity Name

JAF INVESTMENT #407, INC.

Principal Place of Business

1701 S.W. 12TH AVENUE
BOCA RATON FL 33486

Mailing Address

1701 S.W. 12TH AVENUE
BOCA RATON FL 33433-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7284 W. Palmetto Park Road
Suite 101 South
Boca Raton, FL 33486

Suite, Apt. #, etc.

7284 W. Palmetto Park Road
Suite 101 South
Boca Raton, FL 33486

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2278606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAFERI

JAFERI, ALI M

1701 S.W. 12TH AVENUE
BOCA RATON FL 33486

Name

JAFERI, ALI M.

Street Address (P.O. Box Number is Not Acceptable)

7284 W. Palmetto Park Road
Suite 101 South
Boca Raton, FL 33486

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

Ali Mohamed

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JAFERI, ALI M
STREET ADDRESS 1701 SW 12TH AVENUE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Ali Mohamed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00

(561)
3929452

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE