

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90018 010 \*\*\*150.00

DOCUMENT # P97000017321

1. Entity Name

J. HALFON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5780 W ATLANTIC A VE  
SUITE 121  
BCH FL 33484

5780 W ATLANTIC A VE  
SUITE 121  
DELRAY BCH FL 33484

2. Principal Place of Business

5180 W. ATLANTIC AVE

Suite, Apt. #, etc.  
SUITE 121

City & State  
DELRAY BEACH, FL

Zip  
33484

3. Mailing Address

5180 W. ATLANTIC AVE

Suite, Apt. #, etc.  
SUITE 121

City & State  
DELRAY BEACH, FL

Zip  
33484



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0735176

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALFON, JERALD W  
9873 LAWRENCE RD APT 105  
BOYNTON BCH FL 33436

7. Name and Address of New Registered Agent

Name

HALFON, JERALD W.

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

6886 FIRST CIRCLE

City

BOYNTON BEACH

FL

Zip Code

33437

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	NALFON, JERALD W	
STREET ADDRESS	9873 LAWRENCE RD APT 105	
CITY-ST-ZIP	BOYNTON BCH FL 33428	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NALFON, RONNIE J	
STREET ADDRESS	9873 LAWRENCE RD APT 105	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALFON, JERALD W.	
STREET ADDRESS	6886 FIRST CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALFON, RONNIE J.	
STREET ADDRESS	6886 FIRST CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

JERALD W. HALFON - PRESIDENT 4/13/00

Date

Daytime Phone #

561-742-8667

CR2E034 (9/99)