

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90010 010 ***150.00

DOCUMENT # P97000017321

1. Entity Name

J. HALFON & ASSOCIATES, INC.

Principal Place of Business

**5180 W ATLANTIC AVE
 SUITE 121
 DELRAY BCH FL 33484**

Mailing Address

**5180 W ATLANTIC AVE
 SUITE 121
 DELRAY BCH FL 33484**

2. Principal Place of Business

**6886 FIJI CIRCLE
 Suite, Apt. #, etc.**

3. Mailing Address

**6886 FIJI CIRCLE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0735176

Applied For

Not Applicable

Zip

Country

33437

USA

Zip

Country

33437

USA

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

**HALFON, JERALD W
 6886 FIJI CIR
 BOYNTON BEACH FL 33437**

Name

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

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, 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, 2001 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 **DPT** ☐ Delete
 NAME **HALFON, JERALD W**
 STREET ADDRESS **6886 FIJI CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **DPT** ☒ Change ☐ Addition
 NAME **HALFON, JERALD W**
 STREET ADDRESS **6886 FIJI CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **DS** ☐ Delete
 NAME **HALFON, RONNIE J**
 STREET ADDRESS **6886 FIJI CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **DS** ☒ Change ☐ Addition
 NAME **HALFON, RONNIE J**
 STREET ADDRESS **6886 FIJI CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERALD W. HALFON - PRESIDENT

Date

961-742-8191

Daytime Phone #

CR2E034 (10/00)