FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # **P97000020477** JAF INVESTMENT GROUP, INC. 05-10-2001 90150 045 ***150.00 Principal Place of Business Mailing Address 1701 S.W. 12TH AVENUE 1701 S.W. 12TH AVENUE BOCA RATON FL 33486 **BOCA RATON FL 33486** UUU48956 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0733295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAFERI, ALI M 1701 S.W. 12TH AVENUE **BOCA RATON FL 33486** 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 (NOTE: Registered Agent signature required when reinstating) yped or printe This corporation is eligible to satisfy its Int Tax filing requirement and elects to do so FILE NOW!!! FEE IS \$150.00 its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE D Delete TITLE NAME JAFERI, ALI M STREET ADDRESS STREET ADDRESS 1701 S.W. 12TH AVENUE CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OF