

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

200

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90115 012 \*\*\*150.00

DOCUMENT # P97000028555  
1. Entity Name  
J.N.R GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10 Fairway Drive  
Suite, Apt. #, etc.  
202

3. Mailing Address  
10 Fairway Drive  
Suite, Apt. #, etc.  
302

City & State  
Deerfield Beach, FL

City & State  
Deerfield Beach, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0756711

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rafi Rubinez  
Street Address (P.O. Box Number is Not Acceptable)  
10 Fairway Drive Suite 302  
City Deerfield Beach FL Zip Code 33441

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 *Rafi Rubinez* Rafi Rubinez  
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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	P Rafi Rubinez 10 Fairway Drive Suite 302 Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Y Jack Alfasi 10 Fairway Drive Suite 302 Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafi Rubinez* Rafi Rubinez 12/13/02 954-571-0280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)