

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

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

3. Mailing Address
10 Fairway Drive

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
302

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

4. FEI Number
65-0756711

Applied For
Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

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

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

Rafi Rubinez

(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

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

Jack Alfasi
10 Fairway Drive Suite 302
Deerfield Beach, FL 33441

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafi Rubinez

Date

12/13/02

954-571-0280

Daytime Phone #

CR2E034B (12/01)