

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90055 048 ***150.00

DOCUMENT # P97000034880

1. Entity Name

JACOBI'S MANAGEMENT, INC.

Principal Place of Business

**1909 S.W. 2ND STREET
 SUITE 125
 FT LAUDERDALE FL 33312**

Mailing Address

**1909 S.W. 2ND STREET
 SUITE 125
 FT LAUDERDALE FL 33312**

2. Principal Place of Business

107 SW 19TH AVE

Suite, Apt. #, etc.

3. Mailing Address

107 SW 19TH AVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

93-3797613

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

JACOBI, ANDREAS

1909 SW 2ND ST

STE 125

FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **JACOBI ANDREAS**

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

107 SW 19TH AVE

City **FT LAUDERDALE**

FL

Zip Code

33312

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

FEB 18 2002

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, 2002 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 **PSTD** ☐ Delete
 NAME **JACOBI, ANDREAS A**
 STREET ADDRESS **1909 S.W. 2ND STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **JACOBI ANDREAS**
 STREET ADDRESS **107 SW 19TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
 NAME
 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

FEB 18 2002 954 525-1204

Date

Daytime Phone #

CR2E034 (9/01)