

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92211 037 ***150.00

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DOCUMENT # P97000034880

1. Entity Name
JACOBI'S MANAGEMENT, INC.



Principal Place of Business
**107 SW 19TH AVE
FT LAUDERDALE FL 33312**

Mailing Address
**107 SW 19TH AVE
FT LAUDERDALE FL 33312**

2. Principal Place of Business
112 SW 20TH AVE
Suite, Apt. #, etc.

3. Mailing Address
112 SW 20TH AVE
Suite, Apt. #, etc.

City & State
Fort LAUDERDALE

City & State
Fort LAUDERDALE

4. FEI Number **93-3797613**

Applied For
Not Applicable

Zip **33312** Country **USA**

Zip **33312** Country **USA**

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

6. Name and Address of Current Registered Agent

**JACOBI, ANDREAS
107 SW 19TH AVE
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **ANDREAS JACOBI**
Street Address (P.O. Box Number is Not Acceptable)
112 SW 20TH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andreas Jacobi* **ANDREAS JACOBI** **30TH APRIL 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACOBI, ANDREAS A 107 SW 19TH AVE FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andreas Jacobi* **ANDREAS JACOBI** **30TH APRIL 2003** **954-525-1204**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)