

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90169 045 ***150.00

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1. Entity Name

J. K. ENTERPRISES OF AMERICA, INC.



Principal Place of Business

441 MALLARD LN
INDIALANTIC FL 32903-4735

Mailing Address

441 MALLARD LN
INDIALANTIC FL 32903-4735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3448539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAHON, TIMOTHY K
2929 E COMMERCIAL BLVD
PENTHOUSE E
FT LAUDERDALE FL 33308

N/A

7. Name and Address of New Registered Agent

Name

JAYESH N SHAH

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

441 MALLARD LANE

City INDIALANTIC

FL

Zip Code

32903

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

J. Shah

April 26-2003

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 DP
NAME SHAH, VIPUL N ☒ Delete
STREET ADDRESS 441 MALLARD LN
CITY-ST-ZIP INDIALANTIC FL 32903-4735

TITLE DVS
NAME SHAH, JAYESH ☐ Delete
STREET ADDRESS 441 MALLARD LN
CITY-ST-ZIP INDIALANTIC FL 32903-4735

TITLE TD
NAME SHAH, PRAVINA J ☐ Delete
STREET ADDRESS 441 MALLARD LANE
CITY-ST-ZIP INDIALANTIC FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME SHAH JAYESH
STREET ADDRESS 441, MALLARD LN
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

J. Shah **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-26-2003 321-795-2550

Date

Daytime Phone #

CR2E034 (10/02)