

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90169 017 ***150.00

964134



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000066096

1. Entity Name
JARED MARCUS, INC.

Principal Place of Business Mailing Address
1311 SW 1ST AVE., UNIT 5, BLDG. "B" **1311 SW 1ST AVE., UNIT 5, BLDG. "B"**
FT. LAUDERDALE FL 33315 **FT. LAUDERDALE FL 33315**

2. Principal Place of Business 3. Mailing Address
3800 SW 30 Ave **3800 SW 30 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hollywood, FL **Hollywood, FL**
 Zip Country Zip Country
33312 **33312** **33312**

4. FEI Number Applied For
65-0771637 Not Applicable

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

6. Name and Address of Current Registered Agent

CUSSELL, J
1311 SW 1 AVE
UNIT 5, BLDG B
FT LAUD FL 33315

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1033 NW 132 Ave
 City State Zip Code
Sunrise **FL** **33323**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D CUSSELL, JOEL <input type="checkbox"/> Delete 3800 SW 30 Ave 1311 SW 1ST AVE., UNIT 5, BLDG. "B" FT. LAUDERDALE FL 33315 Hollywood, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel Cussell* **REQUIRED** Date: **4-19-02** Daytime Phone #: **954-689-8181**

CRE034 (9/01)