2000 ONIFORM BOSINESS REPORT (ODR)

FILED DOCUMENT # **P97000083494** Feb 08, 2000 8:00 am 1. Entity Name JERJO, INC. **Secretary of State** 02-08-2000 90166 001 ***150.00 Mailing Address Principal Place of Business 3535 NW 59TH ST. 3535 NW 59TH ST. **BOCA RATON FL 33496** BOCA RATON FL 33496-2765 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0774581 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICH, JODI L Street Address (P.O. Box Number is Not Acceptable) 3160 WESTMINISTER DRIVE **BOCA RATON FL 33496** Zip Code FL 8. The above named entity symmits this statement for the purpose of pyanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition PD Change ☐ Delete TITLE RICH, JEROME L NAME 111017, DETROME L 2160 WESTMINISTER DRIVE 3535 Windsor Old Coles STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** Change ☐ Addition VSTD ☐ Delete TITLE 3100 WESTMINISTER DRIVE 3535 Windso State NAME CINES ARABICA CITY-ST-ZIP ST-ZIP **BOCA RATON FL 33496** Delete TITLE ☐ Change Addition NAME TO A DESCRIPTION STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS A DAMES ST-ZIP City-ST-ZiP ☐ Change Addition Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Additior Delete NAME STREET ADDRESS 100-70 CITY-ST-ZIP ST-ZIP rereby 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 caused on this report or supplemental report is true and accorde and that my signature shall have the same legal effect as if made under eath; that I am an officer or director ine 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 ine corporation or the receiver or trustee empowered to execute the authorized empowered to execute the empowered to execute the empower of t hargod, or on an attachment with an ac empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR