

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000097439**

1. Entity Name

JADE'S INVESTMENT PROPERTIES, INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90154 008 ***150.00

Principal Place of Business

Mailing Address

**18151 NORTHEAST 31ST COURT
NO. 902
N MIAMI BEACH FL 33160****18151 NORTHEAST 31ST COURT
NO. 902
N MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City

Zip

Country

Zip

Country

**DENNIS MISDRAJI
P.O. Box 610204
Miami Fla. 33261-0204**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0795663

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MISDRAJI, DENNIS
18151 NORTHEAST 31ST COURT
NO. 902
N MIAMI BEACH FL 33160**

Name

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

City

FL

Zip Code

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

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **MISDRAJI, DENNIS**
CITY-ST-ZIP **18151 NORTHEAST 31ST COURT
N MIAMI BEACH FL 33160**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **DARDER, SARA**
CITY-ST-ZIP **4319 TYLER ST
HOLLYWOOD FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MISRAJI, ESTHER**
CITY-ST-ZIP **18151 NE 31 CT STE 1712
AVENTURA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **MISDRAJI, JACK**
CITY-ST-ZIP **18151 NE 31 CT STE 212
AVENTURA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROSALYN MISDRAJI**
CITY-ST-ZIP **18151 NE 31CT. ST. 1712
AVENTURA FL.**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

1/26/01 305-9333482

CR2E034 (10/00)