

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107426

1. Entity Name

JL COMMUNICATIONS, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 005 ***150.00

Principal Place of Business

Mailing Address

C/O JANICE SHARON LUSKY
 301 ALMERIA AVE., SUITE 350
 CORAL GABLES FL 33134
 US

C/O JANICE SHARON LUSKY
 301 ALMERIA AVE., SUITE 350
 CORAL GABLES FL 33134
 US

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 65-0801324

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

LUSKY, JANICE SHARON
 301 ALMERIA AVE.
 SUITE 350
 CORAL GABLES FL 33134

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	D	☐ Delete
NAME	LUSKY, JANICE SHARON	
STREET ADDRESS	3675 N COUNTRY CLUB DR #1700	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	☐ Delete
NAME	LUSKY, GISELA	
STREET ADDRESS	3675 N COUNTRY CLUB DR #1700	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	1851 DAYTONIA RD
STREET ADDRESS	MIAMI BEACH, FL 33141
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	1851 DAYTONIA RD.
STREET ADDRESS	MIAMI BEACH, FL 33141
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ 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)(l), 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

3-14-01

305-446-1850

Date

Daytime Phone #

CR2E034 (10/00)