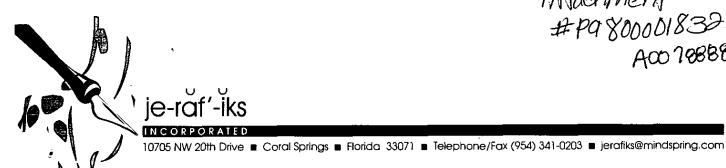
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P98000018323 Sep 18, 2000 8:00 am Secretary of State JE-RAF-IKS, INC. 09-18-2000 90019 026 \*\*\*150.00 Principal Place of Business Mailing Address 10705 NW 20TH DRIVE 10705 NW 20TH DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0817323 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent ----7.- Name and Address of New Registered Agent --Name GARBER, ADAM Street Address (P.O. Box Number is Not Acceptable) 10705 NW 20TH DRIVE **CORAL SPRINGS FL 33071** Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. PD Change ☐ Addition TITLE ☐ Delete TITLE GARBER, ADAM NAME NAME 10705 NW 20TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 SVTD TITLE Delete Change ☐ Addition NAME GARBER, SAEDA STREET ADDRESS 10705 NW 20TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition | TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.



September 8, 2000

**Division of Corporations Uniform Business Report Filings** P.O. Box 1500 Tallahassee, FL 32302-1500

Subject:

**Annual Report Filing** 

To Whom It May Concern:

Enclosed please find the 2000 Uniform Business Report for je-raf-iks, Inc. as well as a check for \$150.00.

The packet that I received was marked 2<sup>nd</sup> NOTICE, but I never received the 1<sup>st</sup> NOTICE. When I spoke with a representative at your office, she told me to write this letter explaining the situation and to enclose a check for \$150.00. Thank you for your assistance. Please feel free to contact me at (954) 341-0203 with any questions or if additional information is required.

Thank you,

President