## **FILED** Jan 27, 2003 8:00 am **Secretary of State**

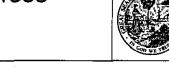
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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000021388 1. Entity Name

J.R. SEVEN, INC.



Principal Place of Business 11255 S.W. 93RD COURT MIAMI FL 33176

Mailing Address 888 SW 136 ST. BAY #487 MIAMI FL 33176

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



☐ CHECK HERE IF MAKING CHANGES

Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name-

7. Name and Address of New Registered Agent

Trust Fund Contribution.

65-0832718

\$8.75 Additional Fee Required

Applied For

Not Applicable

TURK, HAROLD J P.A. 1428 BRICKELL AVENUE MAIN FLOOR MIAMI FL 33131

Street Addr	ess (P.O.	Box Number	is Not Acc	eptable
		_		

City

Zio 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

**\$5.00** May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

16. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRIDGE, KENNETH 10900 SW 69 AVE. MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE Name Street address City-St-Zip	D ELDRIDGE, DIANA 11255 S.W. 93RD COURT MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WROBEL, HAROLD 11255 S.W. 93RD COURT MIAMI FL 33176	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change	☐ Addition

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an