

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028224

1. Entity Name

JONCO MEDICAL AND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1859 N PINE ISLAND RD  
STE-255  
PLANTATION FL 33322

1859 N PINE ISLAND ROAD  
SUITE 255  
PLANTATION FL 33322

2. Principal Place of Business

4747 NW 103<sup>rd</sup> Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Zip  
33351

Country

Broward.

Zip

Country

4. FEI Number

59-3487563

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PASTOR, JOHN M	1859 N PINE ISLAND ROAD	PLANTATION FL 33322	<input type="checkbox"/>
ST	PASTOR, MICHELE M	1859 N PINE ISLAND ROAD	PLANTATION FL 33322	<input type="checkbox"/>
VP	PASTOR, JOHN J	1859 N PINE ISLAND RD	PLANTATION FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

President

1-9-01

954-749-4060

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)