

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 026 ***150.00

DOCUMENT # **P98000031023**

1. Entity Name

JARF ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 17372

3. Mailing Address

P.O. BOX 17372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0849592

Applied For

Not Applicable

Zip

33416

Country

USA

Zip

33416

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

ROSENTHAL, STUART S ESQ

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

404 EAST ATLANTIC BLVD.

SUITE 101

City

POMPANO BEACH

FL

Zip Code

33060

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
JACK ADAMO
P.O. BOX 17372
WEST PALM BEACH, FL 33416**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
RICHARD FULTON
6020 NW 69TH MANOR
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK ADAMO

4/30/02

561-441-0734

Date

Daytime Phone #

CR2E034B (12/01)