

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051895

1. Entity Name

JAF INVESTMENT #411, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90241 001 *1,350.00

Principal Place of Business

1701 S.W. 12TH AVE.
 BOCA RATON FL 33486
 US

Mailing Address

1701 S.W. 12TH AVE.
 BOCA RATON FL 33433-3406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
**7284 W. Palmetto Park Road
 Suite 101 South**

Suite, Apt. #, etc.
**7284 W. Palmetto Park Road
 Suite 101 South**

City & State
Boca Raton, FL 33483

City & State
Boca Raton, FL 33483

4. FEI Number **65-0841849**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

JAFERI, ALI M
 1701 S.W. 12TH AVE.
 BOCA RATON FL 33486

Name **JAFERI, ALI M**
 Street Address (P.O. Box Number is Not Acceptable)
**7284 W. Palmetto Park Road
 Suite 101 South
 Boca Raton, FL 33483**
 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, 2000 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **JAFERI, ALI M**
 CITY-ST-ZIP **1701 S.W. 12TH AVE.
 BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)