FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -1 AM 10:41

DOCUMENT # P98000052289

1. Entity Name
JALLO I, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
23055 US 19 N	136 BROADWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1
City & State CLEARWATER, FL	City & State WOODCLIFF LAKE, NJ
Zip / Country 34625 / US	Zip / Country 07677 / US

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3593536 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JALLO, MARY

Street Address (P.O. Box Number is Not Acceptable)
1942 LAGO VISTA BLVD.

City PALM HARBOR, **FL** Zip Code 34685

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 Mary Jallo Treasurer 5/15/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

January - May 1st Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JALLO, CHAMCUN, 1942 LAGO VISTA BLVD., PALM HARBOR, FL 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JALLO, JOHN, 1942 LARGO VISTA BLVD., PALM HARBOR FL 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JALLO, MARY, 1942 LAGO VISTA BLVD., PALM HARBOR, FL 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JALLO, CHRISTINE, 1942 LAGO VISTA BLVD., PALM HARBOR, FL 34685
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE X Mary Jallo X 5/9/03 X 727-688-2114
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #