

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053931

Entity Name  
J.E.F.S. CORPORATION

FILED  
May 11, 2000 8:00 am  
Secretary of State  
05-11-2000 90298 043 \*\*\*158.75

Principal Place of Business	Mailing Address
CITY VIEW DR LAUDERDALE FL 33311	358 CITY VIEW DR FT. LAUDERDALE FL 33311-9109

Principal Place of Business	3. Mailing Address
225 City View Dr Suite, Apt. #, etc. FT. Laud. FL. 33311	225 City View Dr. Suite, Apt. #, etc. FT. Lauderdale, FL.
City & State	City & State

Zip	Country	Zip	Country
33311	USA	33311	USA

6. Name and Address of Current Registered Agent

PRUITT, SHARI  
358 CITY VIEW DR  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
225 City View Dr.

City FT. Lauderdale FL Zip Code 33311

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Shari Pruitt Shari Pruitt 4-26-00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PRUITT, SHARI			
358 CITY VIEW DR			
FT LAUDERDALE FL			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Shari Pruitt Shari Pruitt 4-26-00 (954) 467.3175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #