## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000053931

Entity Name: J.E.F.S. CORPORATION

FILED Jan 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

225 CITY VIEW DR 6089 BEACONWOOD RD

FT. LAUDERDALE, FL 33311 US LAKE WORTH, FL 33467 US

Current Mailing Address: New Mailing Address:

225 CITY VIEW DR 6089 BEACONWOOD RD. FT. LAUDERDALE, FL 33311 US LAKE WORTH, FL 33467

FEI Number: 65-0868493 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLEVELAND, JASON
225 CITY VIEW DRIVE
FORT LAUDERDALE, FL 33311

CLEVELAND, JASON
6089 BEACONWOOD RD.
LAKE WORTH, FL 33467

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: JASON CLEVELAND 01/17/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: DPST ( ) Delete Title: DPST (X) Change ( ) Addition Name: CLEVELAND, JASON Name: CLEVELAND, JASON

 Name:
 CLEVELAND, JASON
 Name:
 CLEVELAND, JASON

 Address:
 255 CITY VIEW DRIVE
 Address:
 6089 BEACONWOOD RD.

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:
 LAKE WORTH, FL 33467

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{( ) Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change ( ) Addition}$ 

Name:CLEVELAND, ALLISONName:CLEVELAND, ALLISONAddress:255 CITY VIEW DRIVEAddress:6089 BEACONWOOD RD.City-St-Zip:FORT LAUDERDALE, FL 33311City-St-Zip:LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON CLEVELAND DPST 01/17/2002