

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063303

1. Entity Name
JALFCO, INC.

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90112 033 ***150.00

Principal Place of Business
13968 SW 139TH COURT
MIAMI FL 33186

Mailing Address
P.O. BOX 562544
MIAMI FL 34280-4757
US

2. Principal Place of Business
3015 - 65 St E.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 14757
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BRADENTON FL

City & State
BRADENTON FL

Zip
34208

Country
USA

Zip
34280

Country
USA

4. FEI Number
65-0856308

Applied For
☐ Not Applicable

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

MARTIN, LARRY
13968 SW 139TH COURT
MIAMI FL 33186

Name
LARRY MARTIN

Street Address (P.O. Box Number is Not Acceptable)
3015 - 65 St E.

City
BRADENTON

FL

Zip Code
34208

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 LARRY MARTIN, PRES. 4.25.2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, LARRY 13968 SW 139TH COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTIN, GALE 13968 SW 139TH COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3015 - 65 ST. E. BRADENTON, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3015 - 65 ST E BRADENTON FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LARRY MARTIN PRES. 4.25.2000 941/744-1995

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)