

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90008 033 ***158.75

DOCUMENT # P98000067853

1. Entity Name

ALFA J S S CO. INC.

Principal Place of Business

1900 S. OCEAN BLVD. #11F
 POMPANO BEACH FL 33062

Mailing Address

1900 S. OCEAN BLVD. #11F
 POMPANO BEACH FL 33062

2. Principal Place of Business

1541 S OCEAN BLVD

Suite, Apt. #, etc.

402

3. Mailing Address

1541 S. OCEAN BLVD

Suite, Apt. #, etc.

402

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

65-0857602

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SIMITIAN, JACQUES

1900 S. OCEAN BLVD. #11F
 POMPANO BEACH FL 33062

1541 S. Ocean Blvd
 #402
 Pompano Beach, FL,
 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **P** ☐ Delete
 NAME **SIMITIAN, JACQUES**
 STREET ADDRESS **1900 S. OCEAN BLVD. #11F**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VP. D** ☐ Delete
 NAME **ARAM KASSABIAN**
 STREET ADDRESS **1541 S Ocean Blvd #402**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Address** ☒ Change ☐ Addition
 NAME **1541 S. Ocean Blvd #402**
 STREET ADDRESS **Pompano Beach, FL 33062**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/30/01 (954) 946-9202

CR2E034 (10/00)