

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 046 ***150.00

DOCUMENT # **998060101614**

1. Entity Name

JACARANDA COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

**3706 N. OCEAN BLVD
 414**

FT. LAUDERDALE FL 33308

2. Principal Place of Business

BOCA RATON 10147

3. Mailing Address

10147 BOCA ENTRADA BLVD

Suite, Apt. #, etc. **BOCA ENTRADA
 BLVD 222**

Suite, Apt. #, etc. **222**

City & State
BOCA RATON FL

City & State
BOCA RATON, FLORIDA

4. FEI Number
650900476

Applied For
 Not Applicable

Zip
33428

Country
USA

Zip
33428

Country
USA

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

DO NOT WRITE IN THIS SPACE

C0060305

6. Name and Address of Current Registered Agent

**3706 N. OCEAN BLVD
 414
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **KIM SHAPERO**
 Street Address (P.O. Box Number is Not Acceptable)
**10147 BOCA ENTRADA BLVD
 222**
 City **BOCA RATON** FL Zip Code **33428**

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]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/01
 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 ☐ Delete
 NAME **CEO**
 STREET ADDRESS **JEFFREY SHAPERO**
 CITY-ST-ZIP **10147 BOCA ENTRADA BLVD, 222**
BOCA RATON, FL 33428

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

04/17/01
 Date

361 488 4771
 Daytime Phone *

CR2E034 (11/00)