

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 24, 2000 8:00 am
Secretary of State

05-31-2000 90079 046 ***150.00

DOCUMENT # P98000105443

1. Entity Name
J.A.D. INVESTMENT COMPANY, INC.

| | |
|---|---|
| Principal Place of Business 2101 CORPORATE BLVD. STE. 215 BOCA RATON FL 33431 | Mailing Address 2101 CORPORATE BLVD. STE. 215 BOCA RATON FL 33431 |
|---|---|

| | |
|---|---------------------------------------|
| 2. Principal Place of Business AS ABOVE | 3. Mailing Address AS ABOVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number | APPLIED FOR | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WARM, STEVEN
2101 CORPORATE BLVD. STE. 215
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEYER, DAVID 55 REDFORD PL. THORNHILL ONTARIO CANADA 44575-8 |
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 |
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| 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: **DAVID MEYER** **7/18/00** **561 241-3311**

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

EIN # 65 102 1412

FOR J.A.D. INVESTMENT COMPANY INC.

RECD THIS # TODAY 7/18/00

~~I PAID THE RENEWAL FEE~~
OF \$150⁰⁰ MY PERSONAL
CHK. #175 A LONG TIME
AGO MADE TO DEPT OF STATE.

THANK YOU

DAVID MEYER.