

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90003 041 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000107242**

1. Entity Name <b>JIRED INC.</b>			
Principal Place of Business <b>355 W. LAUREL DR. BLDG N APT 4 MARGATE FL 33063</b>		Mailing Address <b>355 W. LAUREL DR. BLDG N APT 4 MARGATE FL 33063-5308</b>	
2. Principal Place of Business <b>11287 NW 65TH CT Suite, Apt. #, etc. PARKLAND, FL</b>		3. Mailing Address <b>11287 NW 65TH CT Suite, Apt. #, etc. PARKLAND, FL</b>	
City & State <b>Parkland, FL</b>		City & State <b>Parkland, FL</b>	
Zip <b>33076</b>	Country	Zip <b>33076</b>	Country
6. Name and Address of Current Registered Agent <b>KATZ, EDWARD S 355 W. LAUREL DR. BLDG N APT 4 MARGATE FL 33063</b>		4. FEI Number <b>65-0884789</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		7. Name and Address of New Registered Agent Name <b>EDWARD S KATZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>11287 NW 65TH CT</b> City <b>Parkland</b> FL Zip Code <b>33076</b>	
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) Signature, typed or printed name of registered agent and title if applicable			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD KATZ, EDWARD S 355 W. LAUREL DR.-BLDG APT 4 MARGATE FL 33063</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>11287 NW 65TH CT PARKLAND, FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD KATZ, IRIS A 355 W. LAUREL DR BLDG N APT 4 MARGATE FL 33063</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>11287 NW 65TH CT PARKLAND FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.