

FILED  
May 30, 2002 8:00 am  
Secretary of State

05-07-2002 90238 003 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000006701**  
1. Entity Name  
**Jor F Enterprises Inc.**

32808

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**159 S Pompano Parkway**  
Suite, Apt. #, etc.  
**159**

3. Mailing Address

**Same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**POMPANO Florida**

City & State

4. FEI Number

**65-0889423**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Mark Willberg**  
Direct Address (P.O. Box Number is Not Acceptable)  
**2711 Mayan Dr**

**Fort Lauderdale**

**FL**

Zip Code  
**33316**

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

**Mark Willberg**  
Signature of registered agent and state 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
MARK WILLBERG  
2711 Mayan Dr  
FORT LAUDERDALE FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Mark Willberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

954-956-9000

Date

Daytime Phone #

CR2E034B (12/01)