2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90170 014 ***150.00

DOCUMENT # P99000010029

1. Entity Name
J.S. CULINARY ENTERPRISES, INC.

Principal Place of Business
6330 POWERLINE RD
FORT LAUDERDALE FL 33309

Mailing Address
6330 POWERLINE RD
FORT LAUDERDALE FL 33309

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 65-0892858 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAMMEL, JARRETT
2381 NE 14 ST
205
POMPANO BEACH FL 33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAMMEL, JARRETT		NAME		
STREET ADDRESS	2381 NE 14 ST #205		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-14-03 954-49?-?

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

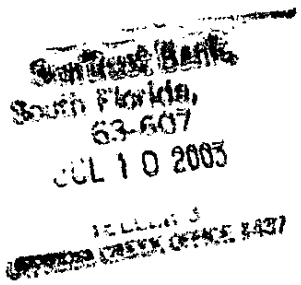
ANK 0175 OPERID ZLS6 STOP HOLD CAUTION ALERT UPDATE OBSHC11 07/10/03 11:15
ADD STOP

ACCOUNT BANK	ACCOUNT NUMBER	TYPE	BEGIN DATE	END DATE	CHECK DATE
0175	0437700003725	S	071003	011004	041403

AMOUNT LOW	AMOUNT HIGH	CHECK NBR LOW	CHECK NBR HIGH	CHARGE	FEE WAIVE
150.00	150.00	2511	2511	2	00

DESCRIPTION : FLORIDA DEPARTMENT OF STATE

OPERID ZLS6 ENTRY NBR 0001 TYPE S STATUS RECORD ACCEPTED
FUNCTION AS BANK 0175 ACCOUNT 0437700003725
PF1=>HELP PF3=>SHCA SEL MENU PF4=>MAIN MENU PF5=>ADD ANOTHER S,R,L,H,K,C,A



Attachment

#1911 0001423374

I mailed the original on Apr. 14th 2003. I realized on line that it did not register. I stopped payment on the check. Here is my new check.

If you have any questions
954-492-5001