

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90173 032 ***150.00

0348559 AV

DOCUMENT # P99000019449

1. Entity Name
JONAND, INC.

Principal Place of Business
C/O BRAHM D. LEVINE. CPA
515 NORTH FLAGLER DRIVE #300-P
WEST PALM BEACH FL 33401

Mailing Address
C/O BRAHM D. LEVINE. CPA
515 NORTH FLAGLER DRIVE #300-P
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O BRAHM D. LEVINE
 Suite, Apt. #, etc.

3. Mailing Address
C/O BRAHM D. LEVINE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1009391**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

LEVINE, BRAHM D.
515 N FLAGLER DRIVE
#300 P
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **LEVINE, BRAHM D.**
 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 _____
 Signature, typed or printed name of registered agent and title 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PD** ☐ Delete
 NAME **ELTES, SAMUEL Z**
 STREET ADDRESS **7800 BOUL DECARIE**
 CITY-ST-ZIP **MONTREAL, QUEBEC CA H4-P2H4**

TITLE **STD** ☐ Delete
 NAME **BUDNIG, JEFFREY G**
 STREET ADDRESS **7800 BOUL DECARIE**
 CITY-ST-ZIP **MONTREAL, QUEBEC CA H4-P2H4**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
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 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)