

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90165 020 \*\*\*150.00

**DOCUMENT # P99000019734**

1. Entity Name  
**JAFFE OF SAWGRASS, INC.**

Principal Place of Business  
 12251 WEST TAFT ST., STE. 303  
 PEMBROKE PINES FL 33026

Mailing Address  
 10081 PINES BLVD  
 STE A  
 PEMBROKE PINES FL 33024

40067333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 555 SW 12th Ave  
 Suite, Apt. #, etc.  
 Suite 101

3. Mailing Address  
 555 SW 12th Ave  
 Suite, Apt. #, etc.  
 Suite 101

City & State  
 Pompano Bch, FL  
 Zip  
 33069  
 Country  
 USA

City & State  
 Pompano Bch, FL  
 Zip  
 33069  
 Country  
 USA

4. FEI Number **65-0907055**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOLDMAN, BRUCE J**  
 2701 LE JEUNE RD., STE.404  
 CORAL GABLES FL 33134

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

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAFFE, NORMAN S</b>	
STREET ADDRESS	<b>12251 WEST TAFT ST., STE. 303</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAFFE, ANN L</b>	
STREET ADDRESS	<b>12251 WEST TAFT ST., STE. 303</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Eric Dun* **Eric Dun** 4-1-2001 954-933-0421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)