2001 UNIFORM BUSINESS REPORT (UBR) 00-01

DOCUMENT # P99000020128

1. Entity Name

J. F. MANAGEMENT Inc. of South Florida

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 4:00

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
790 NW 27th Ave	790 NW 27th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale, FL	Ft. Lauderdale, FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3645652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES BLAIR 10150 NW 24th Ct. Sunrise, FL 33322	Name: JAMES BLAIR Street Address (P.O. Box Number is Not Acceptable): 790 NW 27th Ave City: Ft. Lauderdale FL Zip Code: 33311

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)

[redacted] 800004724558--6
-12/13/01--01041--026
****300.00 ****300.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: mgrm NAME: JOSEPH L FARINA STREET ADDRESS: 790 NW 27th AVE CITY-ST-ZIP: Ft. LAUDERDALE, FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: mgr NAME: JOSEPH M FARINA STREET ADDRESS: 790 NW 27th AVE CITY-ST-ZIP: Ft. LAUDERDALE, FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: mgr. NAME: JAMES BLAIR STREET ADDRESS: 790 NW 27th AVE CITY-ST-ZIP: Ft. LAUDERDALE, FL 33311	☐ Change ☒ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: _____ 10/[illegible]/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #