2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000027315 1. Entity Name JAF SOUTHEAST HOLDING CORP.						FILED Jun 08, 2000 8:00 an Secretary of State 05-06-2000 90241 001 *1,350.00			
Principal Place	e of Business	Mailing Address			7			.,	
		1701 S.W. 12TH AVENUE BOCA RATON FL 33486-6							
/						in the state			
2 Principal P	tace of Business	3. Mailing Address			_				
Suite 254 W. Palmetto Park Road Suite 101 South		Suite, 7234 Wt Palmetto Park Hoad Suite 101 South							
City & SBuca Raton, FL 38433		City & StaBoca Raton, FL 83498			4. FEI Number 65-090 8533 Not Applicable				
Zip	Country	Zip .	Countr	у	5.0	Certificate of Status Desired	\$8.75 Ad	Iditional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>			Name and Address of New Registe	Fee Requir	ed	
An same and rearing a anchor religious claric				Name		AFeni Ahr M			
JAFERI, ALI M 1701.S.W12TH: AVENUE				Street Address/284 Workansetto/Parks/Boate)					
	A RATON FL 33486				Boca Raton, FL 88488				
				City	·			de	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After MAY 1, 2000 (See criteria on back) Make Check Payable			000 Fee w	ill be \$550.00	tate	10. Election Campaign Financing Trust Fund Contribution.	Adde	DO May Be d to Fees	
11.	OFFICERS AN		12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR		
TITLE NAME Street address City-st-zip	i D Jaferi, ali M 1701 S.W. 12TH Avenue Boca Raton Fl 33486	🗖 Oelete	TITLE NAME STREE CITY-S	r address St-zip			یے change	Addition	
iitle Vame		Delete	title Name				Change	Addition	
TREET ADDRESS			STREE CITY-S	TADDRESS					
NTLE HAME STREET ADDRESS STY-ST-ZIP		Defete	TITLE NAME STREE CITY-S	f address ST-ZIP			Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREEL CITY-S	T ADDRESS ST-ZIP		* **	Change	🔲 Addition *	
ITLE IAME STREET ADDRESS STY-ST-ZIP		Defete	TITLE NAME STREE CITY-S	FADDRESS ST-ZIP			Change	Addition	
ITLE IAME TREET AGORESS ITY-ST-ZIP		Delete	TITLE NAME STREE CITY-S	F ADORESS 5T - ZIP			Change	Addition	
of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	powered to execute this repor	rt as require	nption stated in the shall have the od by Chapter 6	Section ne same l 307, Florid	119.07(3)(i), Florida Statutes, I turthe legal effect as il made under oath; th da Statutes; and that my name appe	r certify that the at I am an office ars in Block 11 c	information or or director or Block 12 if	