

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028589

1. Entity Name
J. REED II CORP.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90159 021 ***150.00

Principal Place of Business

10085 CLEARY BLVD
PLANTATION FL 33324
US

Mailing Address

10085 CLEARY BLVD
PLANTATION FL 33324
US

00038396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

486 Stonemont Drive

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33326

Country

USA

4. FEI Number 65-0922354

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

WOLK, JONATHAN R

10085 CLEARY BLVD

PLANTATION FL 33324

Name

Jonathan R. Wolk

Street Address (P.O. Box Number is Not Acceptable)

486 Stonemont Drive

City

Weston

FL

Zip Code

33326

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

4/6/01

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 ☐ Delete

NAME DP WOLK, JONATHAN R

STREET ADDRESS 10085 CLEARY BLVD

CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ Change ☐ Addition

NAME DP Jonathan R Wolk

STREET ADDRESS 486 Stonemont Drive

CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete

NAME ST WOLK, ALLISON

STREET ADDRESS 10085 CLEARY BLVD

CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ Change ☐ Addition

NAME ST Allison Wolk

STREET ADDRESS 486 Stonemont Drive

CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN WOLK

4/6/01

Date

Daytime Phone #

CR2E034 (10/00)