

# 2001. UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90179 003 \*\*\*150.00

**DOCUMENT # P99000029080**

1. Entity Name

JAFFE OF WESTON, II, INC.

Principal Place of Business

12251 W. TAFT STREET, STE. 303  
 PEMBROKE PINES FL 33026

Mailing Address

10081 PINES BLVD. STE#A  
 PEMBROKE PINES FL 33024

2. Principal Place of Business

555 SW 12th Ave

3. Mailing Address

555 SW 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Pompano Bch, FL

Pompano Bch, FL

Zip

Country

Zip

Country

33069

USA

33069

USA

4. FEI Number

~~65-0078138~~  
 65-0917263

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  
 CITY NATIONAL BANK BLDG.  
 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

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, 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 D  
 NAME JAFFE, NORMAN S  
 STREET ADDRESS 12251 W. TAFT STREET, STE. 303  
 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE D  
 NAME Norman Jaffe  
 STREET ADDRESS 18999 Biscayne Blvd  
 CITY-ST-ZIP Aventura FL 33180 ☒ Change ☐ Addition

TITLE D  
 NAME JAFFE, ANN L  
 STREET ADDRESS 12251 W. TAFT STREET, STE. 303  
 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE D  
 NAME Ann Jaffe  
 STREET ADDRESS 18999 Biscayne Blvd.  
 CITY-ST-ZIP Aventura FL 33180 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4-12-01

954-933-0421

CR2E034 (10/00)