

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000029410**1. Entity Name
ROGER J. ENTERPRISES, INC.**Principal Place of Business**

1815 NE 154 ST

MIAMI
33162

FL

Mailing Address

POST OFFICE BOX 380243

MIAMI
332380243

FL

2. Principal Place of Business

12864 BISCAYNE BLVD.

Suite, Apt. #, etc.
PMB 328**3. Mailing Address**

12864 BISCAYNE BLVD.

Suite, Apt. #, etc.
PMB 328City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33181

Country

Zip
33181

Country

4. FEI Number**65-0907007**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJUMPING JAX TAX COM, INC
1940 HARRISON ST #200-BHOLLYWOOD
33020

US

FL

7. Name and Address of New Registered Agent

Name

JUMPING JAX TAX COM, INC

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

1940 HARRISON ST

STE. 200-B

City
HOLLYWOOD

FL

Zip Code
33020

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)

04/26/2001

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**

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33162	<input type="checkbox"/> Delete
		JEAN ROGER	1815 NE 154 ST	MIAMI			

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Delete

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Delete

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Delete

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Delete

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		JEAN ROGER	12864 BISCAYNE BLVD., PMB 328	MIAMI				

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33181	<input type="checkbox"/> Change	<input type="checkbox"/> 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: ROGER JEAN

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)