2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000031346

1. Entity Name

MARGATE JIRED, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90228 001 ***150.00

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Principal Place of Business 1850 N. STATE ROAD 7 MARGATE FL 33063			1850 (g Address N. STATE ROAD 7 ATE FL 33063				E MARKADAR DIN INDER ENDE NORD AND A	d ini 60111 (411			
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2. Principal Place of Business			.3. Maii	.3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FE	65-0897100			oplied For ot Applicable	
Zip				Country			5. Co	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Currer	t Registere	d Agent			7. Na	ame and Address of New Reg	istered Aç	ent		
				متحدي ه در . دمي		-Name	جود جسے عامد	التاريخ الماسية		-		
KATZ, EDWARD S 11287 NW 65TH CT					-	Street Addre	ss (P.O. Bo	x Number is Not Acceptable)				
	N 65111 CT ND FL 33076	i			•							
					-	City	FL Zip Code				le	
	e named entit ations of regist		for the purp	ose of changing its	registere	d office or regi	stered age	nt, or both, in the State of Floric	la. I am fai	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOTE	: Registered	Agent signature rec	quired when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S								Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.		AOFFICERS AN		RS	11.		ADE	DITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR	S IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address. With all other line empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1963

(954)806-6036

☐ Change

☐ Addition

Daytime Phone