

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 19, 2001 8:00 am
Secretary of State

07-02-2001 90165 034 ***550.00

DOCUMENT # P99000032838

1. Entity Name

JAB ENTERTAINMENT PRODUCTIONS, INCORPORATEDPrincipal Place of Business
650 NW 210TH ST., UNIT 105
MIAMI FL 33169Mailing Address
650 NW 210TH ST., UNIT 105
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
650997980Applied For
Not Applicable5. 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

FERGUSON, FRANKLIN C SR, ESQ.
889 NW 214TH ST, #201
MIAMI FL 33169

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 reappointing)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME **PD**
GAYLE, PHILIP ☐ Delete
STREET ADDRESS
18957 NORTH EAST 2ND AVENUE, APT. 1223
CITY - ST - ZIP
MIAMI FL 33179TITLE
NAME **VPD**
THOMPSON, CLAUDIOUS ☐ Delete
STREET ADDRESS
650 NORTH WEST 210TH STREET, UNIT 105
CITY - ST - ZIP
MIAMI FL 33169TITLE
NAME **SD**
RUDOLPH, ALFRED JR ☐ Delete
STREET ADDRESS
2585 NW 207 ST #223
CITY - ST - ZIP
MIAMI FL 33056TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME ☐ Change ☐ Addition
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: *Alfred Rudolph* **ALFRED Rudolph**Date **5/24/01**Daytime Phone # **(786) 419-9866**

CR2E034 (10/00)