

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91184 036 ***150.00

DOCUMENT # P99000033041

1. Entity Name
JAOFI, INC.

Principal Place of Business
2850 N E 14TH STREET
109B
POMPANO BEACH FL 33062

Mailing Address
2850 N E 14TH STREET
109B
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

65-0920942

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREGORY, ANABEL

2840 NE 14TH STREET #109B
POMPANO BEACH FL 33069

Name **Anabell Gregory**

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

2850 N.E 14 ST #109B

City **Pompano Bch** **FL**

Zip Code **33062**

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, 2002 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	<input type="checkbox"/> Delete
NAME	GREGORY, ANABEL	
STREET ADDRESS	2840 NE 14TH STREET #109B	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, WILLIAM H	
STREET ADDRESS	2840 NE 14TH STREET #109B	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anabell Gregory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-02 (954) 460980

Date

Daytime Phone #

CR2E034 (9/01)