

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90189 017 ***150.00

DOCUMENT # P99000035422

1. Entity Name
J F C WORLD TRADING CO.



Principal Place of Business
**1235 S 21 AVENUE
#205
HOLLYWOOD FL 33020
US**

Mailing Address
**P O BOX 22211
HOLLYWOOD FL 33022
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0911528**

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

**EDOUARD, JEAN BERNARD
1235 S 21 AVENUE
#205
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Sandra Marie Edouard P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOUARD, JEAN BERNARD		NAME	Rue, magny #18	
STREET ADDRESS	1235 S 21 AVENUE APT 205		STREET ADDRESS	Petionville, Haiti	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Joseph Judith Celleslin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOUARD, MARIE SANDRA		NAME	231 NW 9 Ave	
STREET ADDRESS	RUE MAGNY #18		STREET ADDRESS	Delray Beach FL 33444	
CITY-ST-ZIP	PETIONVILLE HAITI		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Edouard Joseph Leslie S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOUARD, JOSEPH LEALY		NAME	1235 S 21 AVE APT 205	
STREET ADDRESS	1235 S 21 AVE APT 205		STREET ADDRESS	Hollywood FL 33020	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Edouard Marie Kettie T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOUARD, MARIE KETTIE		NAME	25919-148 ROAD	
STREET ADDRESS	25919 - 148 ROAD		STREET ADDRESS	ROSEDELE NY 11422	
CITY-ST-ZIP	ROSEDELE NY 11422		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Fernandez, E. C. H. Roland S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOUARD, FERNANDEZ M		NAME	1235 S 21 AVE APT 205	
STREET ADDRESS	1235 S 21 AVE APT 205		STREET ADDRESS	Hollywood FL 33020	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	GREGORY Joseph T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, JOSEPH		NAME	Rue magny #18	
STREET ADDRESS	RUE MAGNY #18		STREET ADDRESS	Petionville Haiti	
CITY-ST-ZIP	PETIONVILLE HAITI		CITY-ST-ZIP		

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 like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-03 954-9224113

Date Daytime Phone #

CR2E034 (10/02)