

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91319 037 ***150.00

DOCUMENT # P99000041114

1. Entity Name
JUMPS USA, INT'L, INC.

Principal Place of Business

**3091 GRIFFIN ROAD
 DAVIE FL 33312**

Mailing Address

**3091 GRIFFIN ROAD
 DAVIE FL 33312**

60066914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2281 COLLEGE AVE
 Suite, Apt. #, etc.

3. Mailing Address

2281 COLLEGE AVE
 Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number **65-0916765**

Applied For

Not Applicable

Zip

Country

33317-7343 USA

Zip

Country

33317-7343 USA

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

**GAVET, PHILIPPE
 3091 GRIFFIN RIAD
 DAVIE FL 33312**

Name

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

2281 COLLEGE AVE.

City **DAVIE**

FL

Zip Code **33317-7343**

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.

(Not Registered Agent Signature required when filing)

DATE

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GAVET, PHILIPPE	
STREET ADDRESS	2060 S.W. 71ST TERRACE E-6	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRAUN, MICHAEL	
STREET ADDRESS	2060 S.W. 71ST TERRACE E-6	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2281 COLLEGE AVE.	
CITY-ST-ZIP	DAVIE, FL 33317-7343	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2281 COLLEGE AVE.	
CITY-ST-ZIP	DAVIE, FL 33317-7343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PHILIPPE GAVET**

4/30/01 954-724-4141
 Date Daytime Phone #

CR2E034 (10/00)