

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 044 ***550.00

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DOCUMENT # P99000042121

1. Entity Name

JACQUIE'S PLACE ENTERPRISES, INC.



Principal Place of Business

23123 STATE ROAD 7, STE. 300F
BOCA RATON FL 33428

Mailing Address

23123 STATE ROAD 7, STE. 300F
BOCA RATON FL 33428

2. Principal Place of Business

6320 Boca Del Mar Drive

3. Mailing Address

6320 Boca Del Mar Drive

Suite, Apt. #, etc.

506

Suite, Apt. #, etc.

506

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0958087

Applied For

Not Applicable

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

GLICKMAN, HAROLD M

23123 STATE ROAD 7, STE. 300F
BOCA RATON FL 33428

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 HAROLD GLICKMAN, V.P.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	DPT	<input type="checkbox"/> Delete
NAME	GLICKMAN, HAROLD M	
STREET ADDRESS	6320 BOCA DEL MAR DR., #506	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GLICKMAN, JACQUELINE	
STREET ADDRESS	6320 BOCA DEL MAR DR., #506	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: HAROLD GLICKMAN, V.P. 7-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-368-3417

CR2E034 (4/03)