

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052100

1. Entity Name

JUBRAN DESIGN, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90074 016 ***150.00

Principal Place of Business

Mailing Address

899 WEST AVENUE SUITE 9-L
MIAMI BEACH FL 33139

899 WEST AVENUE SUITE 9-L
MIAMI BEACH FL 33139-5549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same as

Suite, Apt. #, etc.

Above

City & State

City & State

4. FEI Number

☒ 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

CRONIG, STEVEN C ESQ
C/O STEVEN CARLYLE CRONIG & ASSOCIATES PA
301 COURVOISIER CENTRE 501 BRICKELL KEY DR
MIAMI FL 33131-2623

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 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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS JUBRAN, JACK
CITY-ST-ZIP 899 WEST AVENUE SUITE 9-L
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Jack Jubran Jack Jubran

Date

Daytime Phone #

03-29-2000 90074 016 ***150.00