

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-22-2000 90056 047 ***150.00

DOCUMENT # P99000063592

1. Entity Name

JENNAYS INC.

R

Principal Place of Business

11712 BAY BREEZE CT.
 WELLINGTON FL 33414

Mailing Address

11712 BAY BREEZE CT.
 WELLINGTON FL 33414-8818

2. Principal Place of Business

8483 OKEECHOBEE BLVD. 8483 OKEECHOBEE BLVD.

Suite, Apt., etc.

204

Suite, Apt., etc.

204

City & State

West Palm Bch.

City & State

West Palm Bch.

Zip

33411

Country

USA

Zip

33411

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

650 962455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAFFE, JENNINE
 11712 BAY BREEZE CT.
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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

Jennine Jaffe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.2000

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

TITLE PRES.
 NAME JENNINE Jaffe
 STREET ADDRESS 11712 Bay Breeze Ct.
 CITY-ST-ZIP WPB. FL. 33414 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Jennine Jaffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-2000

CR2E034 (9/99)