

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071169

1. Entity Name
JNE OF BOCA, INC.

FILED

03 MAY -8 AM 9:50

Principal Place of Business
5250 TOWN CENTER CIRCLE
SUITE #125
BOCA RATON FL 33486

Mailing Address
5250 TOWN CENTER CIRCLE
SUITE #125
BOCA RATON FL 33486

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0939473

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL I
2101 CORPORATE BLVD.
STE 317
BOCA RATON FL 33431

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 _____ (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, 2002 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 D ☐ Delete
NAME VOVK, NINA
STREET ADDRESS 3115 S OCEAN BLVD SUITE 903
CITY-ST-ZIP HIGHLAND BCH FL

TITLE ☐ Change ☐ Addition
NAME 1000195756 P1
STREET ADDRESS 05/20/03--01045--029 **150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BEZDECK, EMMA
STREET ADDRESS 3770 VILLAGE DR
CITY-ST-ZIP DELRAY BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 03 vic present
Date Designee Phone #

0404527 AV

CR2E034 (9/01)