FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90124 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086114

1. Entity Name

PROPERTIES BY JAR, INC.



Principal Place of Business 308 SE 14 STREET FT LAUDERDALE FL 33316 Mailing Address
308 SE 14 STREET

FT LAUDERDALE FL 33316			FT LAUDERDALE FL 33316						FI ((48))	
2. Principal	Place of Busin	ness	3. Mailing Address			=				
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKI	NG CHANGE!	3	
City & Sta	ate		City & State			4.	4. FEI Number 65-0949428 Applied For			
Zip Country			Zip		Country		Certificate of Status Desired	\$8.75 Ac	lot Applicable	
6. Name and Address of Current Registered Agent							Fee Required			
		Ouncin	riegistered Agent		Name		Name and Address of New Registere	d Agent		
RYAN, JE	AN ANN			ĺ						
	4 STREET		Street Add		dress (P.O. Box Number is Not Acceptable)					
	ERDALE FL	22216								
ווייייייייייייייייייייייייייייייייייייי	LRDALE FL	33310								
				City			F	Zip Cod	de	
	none or rogical	y submits this statement fo ered agent.	r the purpose of changing its	s register	ed office or re	egistered ag	ent, or both, in the State of Florida. I an	n familiar with,	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	TE: Registere	d Agent signature	required when re	instating) DATE	 -		
F	ILE NOW!!	! FEE IS \$150.00					DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							 Election Campaign Financing Trust Fund Contribution. 	□ \$5.0 □ \ Added	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	AME RYAN, JEAN A 308 SE 14 ST		☐ Delete	TITLE	TITLE NAME			☐ Change	Addition	
NAME				NAM				onlings		
			^		STREET ADDRESS					
CITY-ST-ZIP	FUHI LAU	DERDALE FL 33316		CITY-	-ST-ZIP					
TITLE			☐ Delete	TITLE	TITLE NAME			Change	☐ Addition	
name Street address								-	_	
CITY-ST-ZIP					ET ADDRESS					
TITLE			- 	_	ST-ZIP					
NAME			☐ Delete	TITLE				Change	☐ Addition	
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CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE						
NAME			□ Delete	NAME	i i			☐ Change	Addition	
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CITY-ST-ZIP					ST-ZIP			,		
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IAME				NAME				☐ Change	☐ Addition	
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-S	ST-ZIP					
ITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
IAME				NAME				Grange		
TREET ADDRESS					ADDRESS					
111-21-715				CITY-S	ST-ZIP				i	

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 frue 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)