

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000097361**

1. Entity Name

JAFFE OF MIRAMAR, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90121 019 ***150.00

Principal Place of Business

**10081 PINES BLVD STE A
PEMBROKE PINES FL 33024**

Mailing Address

**10081 PINES BLVD STE A
PEMBROKE PINES FL 33024**

2. Principal Place of Business

555 SW 12th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Bch, FL

Zip

33069

Country

USA

3. Mailing Address

555 SW 12th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Bch, FL

Zip

33069

Country

USA**00052482**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0966342

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

**GOLDMAN, BRUCE J
2701 LE JEUNE ROAD STE 404
CORAL GABLES FL 33134**

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, 2001 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	<input type="checkbox"/> Delete
NAME	JAFFE, MARK S	
STREET ADDRESS	10081 PINES BLVD STE A	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFE, GARY F	
STREET ADDRESS	10081 PINES BLVD STE A	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFE, EMERY D	
STREET ADDRESS	10081 PINES BLVD STE A	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMINSKY, GARY S	
STREET ADDRESS	10081 PINES BLVD STE A	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

954-933-0421

Daytime Phone #

CR2E034 (10/00)