

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90039 016 \*\*\*150.00

<b>DOCUMENT# P99000106527</b>			
1. Entity Name <del>TITLE CLOSERS FINANCIAL, INC.</del> <b>JET Keren, Inc.</b>			
Principal Place of Business <b>450 NORTH PARK ROAD</b> <b>SUITE 502</b> <b>HOLLYWOOD FL 33021</b>		Mailing Address <b>450 NORTH PARK ROAD</b> <b>SUITE 502</b> <b>HOLLYWOOD FL 33021</b>	
2. Principal Place of Business <b>5557 W. Oakland Prk. Blvd.</b> Suite, Apt. #, etc. <del>Suite # 9225 and 9226</del>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>Lauderhill, FL</b>		City & State <b>Lauderhill, FL</b>	
Zip <b>33313</b>	Country <b>Broward</b>	Zip <b>33313</b>	Country <b>FL</b>
6. Name and Address of Current Registered Agent <b>NURIELI, EDDIE</b> <b>450 NORTH PARK ROAD</b> <b>SUITE 502</b> <b>HOLLYWOOD FL 33021</b>		7. Name and Address of New Registered Agent Name <b>Janet Keren</b> Street Address (P.O. Box Number is Not Acceptable) <b>5557 W. Oakland Prk. Blvd.</b> <b>Suite # 225</b> City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33313</b>	
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 <i>Janet Keren</i> (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NURIELI, EDDIE 450 NORTH PARK ROAD SUITE 502 HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Janet Keren 5557 W. Oakland Prk. Blvd. Lauderhill, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Janet Keren</i>		04/09/01 954-614-8899	

CR2E034 (10/00)

Attachment  
 #169004106527



## Internal Revenue Service

Accounts Management Division I  
 Branch II - Teletin Unit  
 Stop 751  
 PO Box 47421  
 Chamblee, GA 30362  
 Phone 678-530-7234/7235  
 FAX 678-530-6455

Date: February 24, 2001

Employee Identification: 0716933153

TO:	KEREN ARIEL	FAX:	305-945-2246
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	JET KEREN INC	Employer ID #	65-1076969
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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