## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # S06294** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** JWF ENTERPRISES, INC. 01-19-2000 90223 029 \*\*\*150.00 Mailing Address Principal Place of Business 1323 SE 17TH STREET 1323 SE 17TH STREET **STE. 645** FT. LAUDERDALE FL 33316-1707 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business 323 SE 17+ Street 1323 SE 17th street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. pm3-64 PMB-645 Applied For 4. FEI Number City & State 65-0220109 Ft. Landordalo Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired USA Fee Required 33316-170 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERGUSON, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 1323 SE 17TH STREET STE. 645 FT. LAUDERDALE FL 33316 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition PD TITLE TITLE ☐ Delete FERGUSON, JOHN W. NAME NAME 1323 SE 17TH STREET, STE. 645 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP - 🗔 Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.