

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90116 007 \*\*\*150.00

DOCUMENT # 510423 ✓

1. Entity Name

J.N.J. 114 INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 810848

3. Mailing Address

P.O. Box 810848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON FL.

4. FEI Number

65-0240841

Applied For

Not Applicable

Zip

33481

Country

PALM BEACH

Zip

33481

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name NATHAN OHREN

Street Address (P.O. Box Number is Not Acceptable)

2117 NW 19TH WAY

City BOCA RATON

FL

Zip Code

33431

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE DP  
NAME NATHAN OHREN  
STREET ADDRESS 2117 NW 19TH WAY  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE DST  
NAME JOHN GREENE  
STREET ADDRESS 7564 BLACK OLIVE WAY  
CITY-ST-ZIP TAMARAC, FL

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATHAN OHREN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN OHREN

Date

954-974 7117  
Daytime Phone

CR2E034B (12/01)