

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23660

1. Entity Name

JENCOB CORP.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90019 018 ***150.00

Principal Place of Business

2445 HOLLYWOOD BLVD
SUITE 105
HOLLYWOOD FL 33020
US

Mailing Address

2445 HOLLYWOOD BLVD
SUITE 105
HOLLYWOOD FL 33020-6805
US

2. Principal Place of Business

3850 HOLLYWOOD BLVD

Suite, Apt. #, etc.
402

City & State
HOLLYWOOD, FL 33020

Zip Country
33021 US

3. Mailing Address

3850 HOLLYWOOD BLVD

Suite, Apt. #, etc.
402

City & State
HOLLYWOOD, FL 33020

Zip Country
33021 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0237555

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

MORGAN, RUTH D
2445 HOLLYWOOD BLVD.
SUITE 105
HOLLYWOOD FL 33020

Name

HOWARD ROMER

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

3850 HOLLYWOOD BLVD

SUITE 402

City

HOLLYWOOD

FL

Zip Code

33021

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

Howard Romer

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, 2000 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	MORGAN, RUTH D	
STREET ADDRESS	2445 HOLLYWOOD BLVD., SUITE 105	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Romer	
STREET ADDRESS	3850 Hollywood Blvd Suite 402	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Howard Romer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 2000

954 964 6692

Daytime Phone #

CR2E034 (9/99)



HOWARD ROMER & CO.
ACCOUNTANTS

3850 HOLLYWOOD BOULEVARD SUITE 402
HOLLYWOOD, FLORIDA 33021
TELEPHONE (305) 964-6692
FAX (305) 964-8059

July 11, 2000

Attachment
S23660
DW72883

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: JENCOB CORP.
DOCUMENT # S23660

A blank form was requested when the Corporation did not receive the form to timely file its report. Subsequently, the original form was forwarded to us from the recipients of the mail.

Accordingly, we are able to prepare the Report on the original form. In view of the foregoing, we request you abate the late filing penalty.

Sincerely,

For copies of the form, please contact the Division of Corporations, Tallahassee, Florida 32302-1500. The form is available for purchase at a cost of \$10.00 per copy. The form is also available for purchase at a cost of \$10.00 per copy. The form is also available for purchase at a cost of \$10.00 per copy.