2002 UNIFORM BUSINESS REPORT (UBR)

S47223 **DOCUMENT #**

1. Entity Name

JUMBIE BEAT ENTERPRISES, INC.

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90258 023 ***150.00

Principal Plac	ce of Business	Mailing Address								
110 N.E. 196TH STREET			110 N.E. 196TH STREET							
MIAMI FL 331	179	MIAM! FL 33179								
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2. Principal F	Place of Business	3. Mailing Address			\dashv	f			II BABA DIBA	
110	VE 196 SILUOT									
Suite, Apt.		Suite, Apt. #, etc.				C	OO NOT WRIT	E IN THIS SI	PACE	
		<u> </u>								
City & Stat	tle	City & State		-	4.	FEI Number 65	0258124		A	pplied For
Zip		7:-	1 .				0200124			ot Applicable
327	Country	Zìp	Coun	try	5. (Certificate of Stat	us Desired		8.75 Ad	
- 77 (6. Name and Address of Current	Registered Agent		<u> </u>	7.4	Nome and Add-	4 No D		ee Require	ed
	The state of the s	registered Agent		Name	- 71	Name and Addre	SS OT NEW H	egistered A	gent	
JACOBS.	THEOPHILUS									
	196TH STREET			Street Addres	ss (P.O. E	Box Number is No	t Acceptable)		
MIAMI FL	· · · · · · · · · · · · · · · · · · ·		i							
INITANI EL										
				City				FL	Zip Cod	le
P. The shows										
o. The above	e named entity submits this statement fo	r the purpose of changing it	s registere	ed office or regis	stered ag	ent, or both, in th	e State of Flor	rida.		
SIGNATURE		and title if applicable (NO	TE: Begistere	Agent signature reg	uirad whoo so	Almotating		D.475		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	l Agent signature requ	uired when re	einstating)		DATE		
2 9. This corpo	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00		<u> </u>	`ampaign Find			
2 9. This corpo	Signature, typed or printed name of registered agent a poration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 2	/!!! FEE 002 Fee \	IS \$150.00 will be \$550.0	0	10. Election C		ancing _	\$5.0 Added	0 May Be
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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 a address, with all other like empowered

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #