2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S95024

1. Entity Name

HELENE AND JAY ENTERPRISES, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90295 008 ***150.00

SIGNATURE Signature Signa							
Springer Place of Business Suite, Apt. 9, acc. A. FEI Number 65-0297833 Applied For Not Applicable 270 Suite, Apt. 9, acc. A. FEI Number 65-0297833 Applied For Not Applicable 270 Suite, Apt. 9, acc. Suite, Applied For Not Applicable 33 4 4 1 Suite, Applied For Not Applicable 33 4 1 Suite, Applied For Not Applicable 34 1 Suite, Applied For Not Applicable 34 1 Suite, Applied For Not Applied For Not Applicable 34 1 Suite, Applied For Not Applied F	1101 HOLLAND DRIVE 1060 S. W. 2ND STREET						
Suries Apt. #, etc. Cry A State Cry A State Cry A State Cry A State Cry State See Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLET Applied For Not Applicable Free Required Free Required For Required FLET Applied For Not Address of New Registered Agent 7. Name and Address of New Registered Agent FLET Applied For Not Address of New Registered Agent 7. Name and Address of New Registered Agent FLET Applied For Not Address of New Registered Agent FLET Address (PO Box Number is Not Acceptable) FLET Address (PO Box Number is Not Acceptable) FLET Address of Point Acceptable) FLET Applied For Not Acceptable Free Required FLET Address (PO Box Number is Not Acceptable) FLET Address (PO Box Number is Not Acceptable) FLET Address of Point Acceptable is Not Acceptable in the State of Foriata. I am familiar with and accept the obligations of registered Agent. FLET Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridate Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTER NOW. SIRET ADDRESS 1000 SW 2ND STREET INTER ADDRESS 1000 SW 2ND STREET IN	DOGA PATON PL 10407						
Suries, Apt. #, etc. Suries, Apt. #, etc. Suries, Apt. #, etc.	2. Principal Place of Business 3. Mailing Address						
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	1172 South West Way				_		
Secret S	Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Requir	Decrfield Beach, Fl				4. FEI Number 65-0297833		
EICHLER, JAY 1060 SW 2MD STREET BDCA RATON FL 33486 City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Make Check Rayable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE NAME SIBERT ADDRESS OUTY-ST-ZP BOCA RATON FL STEEL NOW STREET OUTY-ST-ZP FILE ID Delete TITLE NAME STREET ADDRESS OUTY-ST-ZP BOCA RATON FL TITLE NAME STREET ADDRESS OUTY-ST-ZP TITLE NAME STREET ADDRESS OUTY-ST-ZP BOCA RATON FL TITLE NAME STREET ADDRESS OUTY-ST-ZP Delete TITLE NAME STREET ADDRESS OUTY-ST-ZP DELET		41 BROWARD	Zip	Country	5. Certificate of Status Desired		
EICHLER, JAY 1060 SW 2ND STREET BOCA RATON FL 33486 City City FL Zip Code City F		6. Name and Address of Current	Registered Agent	- Namo i -		d Agent	
1060 SW 2ND STREET BOCA RATON FL 33486 City City FL Zip Code City FL City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City	FICHLER JAY				I I I I I I I I I I I I I I I I I I I		
BOCA RATON FL 33486 City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
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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 eccept or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE: