

2000 UNIFORM BUSINESS REPORT (UBR)

08-24-2000 90028 015 ***\$50.00

DOCUMENT # ✓ 28980

1. Entity Name

JACOB REALTY & MORTGAGE CORP.

FILED

00 OCT 23 PM 12:24

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

Mailing Address

**6151 Miramar PkWay
Ste # 216
Miramar, Fl. 33023**

SAME

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0327038

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACOB, CARMEUS
6151 Miramar PkWay Ste #216
SUITE 216
Miramar, Fl. 33023**

Name

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

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.

SIGNATURE *Carmeus Jacob* **CARMEUS JACOB** *PRESIDENT*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/22/2000
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW
After MAY 15
Make Check Payable to

FEE IS \$150.00
Fee will be \$150.00
Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOB, CARMEUS, PRESIDENT SAME AS ABOVE	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

KE

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: *Carmeus Jacob*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/2000 **(954) 966-0100**
(954) 275-0020
Date Daytime Phone #

8/25