

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56094

1. Entity Name

JUBILEE CORPORATION

Principal Place of Business

225 TOWN CENTER HALL
SPACE 225
BOCA RATON F 33431
US

Mailing Address

9346 HEATHRIDGE DR
WPB FL 33411-1893
US

2. Principal Place of Business

510 TOWN CENTER MALL
Suite, Apt. #, etc.
SPACE 510

City & State
BOCA RATON FL.

Zip Country
33431 PALM BEACH

3. Mailing Address

510 TOWN CENTER MALL
Suite, Apt. #, etc.
SPACE 510

City & State
BOCA RATON FL

Zip Country
33431 PALM BEACH

6. Name and Address of Current Registered Agent

PIGUET, SONYA
225 TOWN CENTER MALL
SPACE 1171
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

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

TITLE NAME PS
STREET ADDRESS 510 TOWN CENTER MALL
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME VP
STREET ADDRESS PIGUET GILLONE
CITY-ST-ZIP 510 TOWN CENTER MALL
BOCA RATON FL. ☐ Change ☒ Addition

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONYA PIGUET PS.

Date

01/07/00

Daytime Phone #

561/347.1999

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90186 008 ***150.00

A0005693



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0355989

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)