

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90129 001 ***550.00
 07-19-2000 90129 002 *****8.75

DOCUMENT # G35401

1. Entity Name
J.A.S. CAPITAL CORP.

Principal Place of Business
501 BRICKELL KEY DR. SUITE 300
ATTN: ROBERT SCHUR
MIAMI FL 33131-0608

Mailing Address
501 BRICKELL KEY DR. SUITE 300
ATTN: ROBERT SCHUR
MIAMI FL 33131-9608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5250 NORTH KENDALL DR.

3. Mailing Address
5250 NORTH KENDALL DR

Suite, Apt. #, etc.
ATTN: ROBERT SCHUR

Suite, Apt. #, etc.
ATTN: ROBERT SCHUR

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number **59-2287270**

Applied For
 Not Applicable

Zip **33156-2124** Country **USA**

Zip **33156-2124** Country **USA**

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

SCHUR, ROBERT E.
501 BRICKELL KEY DR., SUITE 300
MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
5250 NORTH KENDALL DRIVE
 City **CORAL GABLES** FL Zip Code **33156-2124**

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 *Robert Schur* DATE 7/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUR, J ALLEN 5708 SOUTH BAYBERRY LANE TAMARAC, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHUR, ROBERT 501 BRICKELL KEY DR. 300 MIAMI, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELLINGER, GARY 770 GARRISON AVE BRONX, NY 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 33156-2124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1340 VIELLE AVENUE BRONX, N.Y. 10474-7134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Schur* **VICE PRES.** DATE 7/11/00 (305) 661-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #