

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90263 032 ***150.00

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DOCUMENT # G35401



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

Principal Place of Business
**5250 NORTH KENDALL DRIVE
ATTN: ROBERT SCHUR
CORAL GABLES FL 33156-2124**

Mailing Address
**5250 NORTH KENDALL DRIVE
ATTN: ROBERT SCHUR
CORAL GABLES FL 33156-2124**

JUUU4J00



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2287270**

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

**SCHUR, ROBERT E.
5250 NORTH KENDALL DRIVE
CORAL GABLES FL 33156-2124**

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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ Delete
NAME **DP SCHUR, J ALLEN**
STREET ADDRESS **5708 SOUTH BAYBERRY LANE**
CITY-ST-ZIP **TAMARAC FL**

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

TITLE _____ Delete
NAME **VS SCHUR, ROBERT**
STREET ADDRESS **5250 NORTH KENDALL DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156-2124**

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

TITLE _____ Delete
NAME **V HELLINGER, GARY**
STREET ADDRESS **1340 VIELLE AVENUE**
CITY-ST-ZIP **BRONX NY 10474-7134**

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

TITLE _____ Delete
NAME **V SCHUR, KEN**
STREET ADDRESS **419 PARK AVE SOUTH**
CITY-ST-ZIP **NEW YORK NY 10016**

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Schur*
ROBERT SCHUR VICE PRES.

1/9/03 (305)661-2003
Date Daytime Phone #

CR2E034 (10/02)