

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90121 015 ***150.00

C0053236

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P00000079997*
 1. Entity Name
Jaguar Enterprises, Inc.

Principal Place of Business Mailing Address
13730 SR 84 #23 Ft. Lauderdale, Fl. 33325 *13730 SR. 84 #23 Ft. Lauderdale, Fl. 33325*

2. Principal Place of Business 3. Mailing Address
13730 SR 84 *13730 SR 84*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
253 *# 253*

City & State City & State
Ft. Lauderdale, Fl. *Ft. Lauderdale, Fl.*
 Zip Country Zip Country
33325 USA *33325 USA*

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Douglas L. BATES
8211 W. BROWARD BLVD
Suite 230
Plantation, Fl. 33324

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 _____ DATE _____
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<i>P</i> <input type="checkbox"/> Delete
NAME	<i>RICHARD BATES</i>
STREET ADDRESS	<i>13730 SR 84 #253</i>
CITY-ST-ZIP	<i>Ft. Lauderdale, Fl. 33325</i>
TITLE	<i>V/D</i> <input checked="" type="checkbox"/> Delete
NAME	<i>STEVEN RENEAU</i>
STREET ADDRESS	<i>13730 SR 84 #253</i>
CITY-ST-ZIP	<i>Ft. Lauderdale, Fl. 33325</i>
TITLE	<i>S/D</i> <input checked="" type="checkbox"/> Delete
NAME	<i>PATRICIA BATES</i>
STREET ADDRESS	<i>13730 SR 84 #253</i>
CITY-ST-ZIP	<i>Ft. Lauderdale, Fl. 33325</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]* **RICHARD BATES** *4/18/01* *954.295.3942*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)