

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90029 047 ***150.00

DOCUMENT # **P00200090248**

1. Entity Name

JASAL Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 NW 25th ST

3. Mailing Address

P.O. Box 227818

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122-7818

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1042917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Vidal, Fernando

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

1330 Coral Way Suite 305

City

Miami

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P**
NAME **JAVIER, ARMANDO A**
STREET ADDRESS **7225 NW 25th ST, STR 201**
CITY - ST - ZIP **Miami, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **V**
NAME **JAVIER, YVONNE**
STREET ADDRESS **7225 NW 25th ST, STR 201**
CITY - ST - ZIP **Miami, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D**
NAME **Javier, Armandos M**
STREET ADDRESS **7225 NW 25th ST, STR 201**
CITY - ST - ZIP **Miami, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D**
NAME **Javier, Juan Carlos**
STREET ADDRESS **7225 NW 25th ST, STR 201**
CITY - ST - ZIP **Miami, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D**
NAME **Vidal, Fernando J**
STREET ADDRESS **1330 Coral Way #305**
CITY - ST - ZIP **Miami, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2002 (305) 85-38-98

Date

Daytime Phone #

CR2E034B (12/01)