

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90128 040 ***150.00

DOCUMENT # F77153



1. Entity Name
JAR INVESTORS, INC.

Principal Place of Business
**4700 S.W. 141 AVE.
WEST MIRAMAR FL 33027**

Mailing Address
**4700 S.W. 141 AVE.
WEST MIRAMAR FL 33027**

2. Principal Place of Business
14509 SW. 33 COURT

3. Mailing Address
14509 SW 33 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR FLA

City & State
MIRAMAR FLA

4. FEI Number **59-2203251**

Applied For
Not Applicable

Zip
33027

Country

Zip
33027

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AYRA, XIOMARA
4700 SW 141ST AVE.
W. MIRAMAR FL 33027**

Name

Street Address (P.O. Box Number is Not Acceptable)
14509 SW 33 COURT

City
MIRAMAR

FL

Zip Code
33027

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	AYRA, XIOMARA	4700 SW 141ST AVE.	WEST MIRAMAR FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		14509 SW 33 COURT	MIRAMAR FLA 33027	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** **AYRA, XIOMARA** **3/27/03** **(954) 435-9977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PREPUBONT** Date Daytime Phone #

CR2E034 (10/02)