2002 Uniform Business Report (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9400006529 1. Entity Name JRK ASSET MANAGEMENT, INC.							FILED Mar 29, 2002 8:00 am Secretary of State 03-29-2002 91420 038 ***150.00		
Principal Place 11766 WILSH STE 1450 LOS ANGELE	HIRE BLVD	S	Mailing Address 11766 WILSHIRE BLVD STE 1450 LOS ANGELES CA 90025						
Principal Place of Business 3. Mailing Address							T THE UNION THIS COURT BOOKS BOKE OP HE SELLE COLLEGE ALLED BLICE STOLE FELL SELL		
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE		
City & State City & State							FEI Number 95-4337954 Applied For Not Applicable]	
Zip Country			Zip Count		try	5. Certificate of Status Desired			
	6. Name	and Address of Current Re	gistered Agent			7. 1	Name and Address of New Registered Agent	1	
PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE FL 32303					Name Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAGGEE FE 32303					City Zip Code				
8. The above	named entity	y submits this statement for th	e purpose of changing its	register	L ed office or regis	tered ag	gent, or both, in the State of Florida.		
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SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature requi	ired when re			
Tax filing requirement and elects to do so. After May 1, 200				2 Fee	FEE IS \$150.00 2 Fee will be \$550.00 a to Department of Sta		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.		OFFICERS AND DIF		12.			L DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11766 WI	PCEO Delete LIPPMAN, JAMES 11766 WILSHIRE BLVD SUITE 1270 LOS ANGELES CA 90025		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition :	E034 (9/01)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	Ш			☐ Change ☐ Addition		
TITLE NAME Street Address City-St-Zip			□ Delete	17	1		☐ Change ☐ Addition		
indicated	on this repor	i or supplemental renort is tru	e and accurate and that m	1cons v	ire chall have the	a cama l	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if		

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3.15.02 310.268.8344 SIGNATURE: