

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35401

1. Entity Name

J.A.S. CAPITAL CORP.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90129 001 \*\*\*550.00

07-19-2000 90129 002 \*\*\*\*\*8.75

Principal Place of Business

501 BRICKELL KEY DR. SUITE 300  
 ATTN: ROBERT SCHUR  
 MIAMI FL 33131-0608

Mailing Address

501 BRICKELL KEY DR. SUITE 300  
 ATTN: ROBERT SCHUR  
 MIAMI FL 33131-9608

2. Principal Place of Business

5250 NORTH KENDALL DR.

Suite, Apt. #, etc.  
 ATTN: ROBERT SCHUR

City & State  
 CORAL GABLES, FL

Zip  
 33156-2124 Country  
 USA

3. Mailing Address

5250 NORTH KENDALL DR

Suite, Apt. #, etc.  
 ATTN: ROBERT SCHUR

City & State  
 CORAL GABLES, FL

Zip  
 33156-2124 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2287270

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCHUR, ROBERT E.  
 501 BRICKELL KEY DR. SUITE 300  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

5250 NORTH KENDALL DRIVE

City  
 CORAL GABLES

FL

Zip Code  
 33156-2124

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

*Robert Schur*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/11/00

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 SCHUR, J ALLEN  
 5708 SOUTH BAYBERRY LANE  
 TAMARAC, FL 00000 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VS  
 SCHUR, ROBERT  
 501 BRICKELL KEY DR. 300  
 MIAMI, FL 00000 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 HELLINGER, GARY  
 770 CARRISON AVE  
 BRONX, NY 00000 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
 5250 NORTH KENDALL DRIVE  
 CORAL GABLES, FL 33156-2124

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
 1340 VIELLE AVENUE  
 BRONX, N.Y. 10474-7134

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

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

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

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:

*Robert Schur*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00 (305) 661-2003