2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61908

1. Entity Name

JAS MANAGEMENT CORPORATION

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90018 016 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
127 1131 SW 124TH TERRACE DAVIE FL 33325 US	13730 STATE ROAD 84 SUITE 136 DAVIE FL 33325-5306 US

2. Principal Place of Business: 1131 SW 127th Terr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davie		City & State: FL	
Zip: 33325	Country: Broward	Zip	Country

4. FEI Number 59-2545848 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIMLER, LEWIS S. P.A.
6950 CYPRESS ROAD
SUITE 209
PLANTATION FL 33317

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 ____________________
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE VITO, JO ANN		NAME	
STREET ADDRESS	1131 S.W. 127TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE VITO, JO ANN		NAME	
STREET ADDRESS	1131 S.W. 127TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: Jo Ann De Vito Jo-Ann De Vito 1/5/00 954 475-1576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #