

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 61908

1. Entity Name

JAS MANAGEMENT CORP



DO NOT WRITE IN THIS SPACE

10016143

2. Principal Place of Business

11166 LONGBOAT DRIVE

3. Mailing Address

11166 LONGBOAT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY FLORIDA

City & State

COOPER CITY FLORIDA

4. FEI Number

592545848

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33026

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **KIMLER LEWIS S PA**

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

6950 CYPRESS ROAD SUITE 209

City **PLANTATION**

FL

Zip Code
33317

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
dp	Jo-Ann De Vito	11166 Longboat Drive	Cooper City, Florida 33026

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)