

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57647

1. Entity Name

J.A.G. FINANCIAL CONSULTANTS, INC.

**FILED**  
**Sep 22, 2000 8:00 am**  
**Secretary of State**

09-22-2000 90005 003 \*\*\*550.00

Principal Place of Business

1825 PONCE DE LEON BLVD  
 #310  
 CORAL GABLES FL 33134  
 US

Mailing Address

1825 PONCE DE LEON BLVD  
 #310  
 CORAL GABLES FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0115841

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRANDES, JUAN A.  
 12320 SW 151 ST  
 #175  
 MIAMI FL 33186

Name

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

905 Fairway Dr.

City

Miami Beach

FL

Zip Code

33141

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
 NAME GARRANDES, JUAN A.  
 STREET ADDRESS 12320 SW 151 STREET #175  
 CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 905 Fairway Dr.  
 CITY-ST-ZIP MIAMI Beach FL 33141

TITLE VTD  
 NAME GARRANDES, ELSA M.  
 STREET ADDRESS 12320 SW 151 STREET #175  
 CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 905 Fairway Dr.  
 CITY-ST-ZIP MIAMI Beach FL 33141

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

*E. Garrandes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 (305) 444-8479  
 Date Daytime Phone #

CR2E034 (5/00)