

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001102

1. Entity Name

JAG FINANCIAL SERVICES, LLC

FILED

00 JAN 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5790-B COACH HOUSE CIRCLE
BOCA RATON FL 33486

Mailing Address

5790-B COACH HOUSE CIRCLE
BOCA RATON FL 33486-8635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCH, STUART E

980 NORTH FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS GOLDMAN, CHARLES
CITY-ST-ZIP 5790-B COACH HOUSE CIRCLE
BOCA RATON FL 33486

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS 700003121647--9
CITY-ST-ZIP -02/03/00--01003--003

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #