

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90220 023 \*\*\*150.00

NOT FOR  
AV

DOCUMENT # **M42157**



1. Entity Name  
**RED JAGUAR CORPORATION**

Principal Place of Business  
**1541 BRICKELL AVENUE  
APT 2605  
MIAMI FL 33129  
US**

Mailing Address  
**1541 BRICKELL AVENUE  
APT 2605  
MIAMI FL 33129  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2748051**

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

**MALAND, ROBERT C.  
ONE DATRAN CENTER, SUITE 1705  
9150 S DADELAND BLVD  
MIAMI FL 33156**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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-ST-ZIP	<b>D MALAND, ROBERT C.</b> <input type="checkbox"/> Delete <i>wrong address</i> <b>7902 NW 36 ST #203 MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ASHER, JAMES G.</b> <input type="checkbox"/> Delete <i>wrong address</i> <b>7902 NW 36 ST #203 MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Maland, Robert C.</b> <input type="checkbox"/> Delete <b>one datran center, suite 1705 9150 S. Dadeland Blvd - Miami</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Asher, James G</b> <input type="checkbox"/> Delete <b>1541 Brickell Apt 2605 Miami, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/20/03** **305-888-8888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Daytime Phone #

CR2E034 (10/02)