

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60423

1. Entity Name  
A-1 JASCO, INC.

Principal Place of Business

255 N.E. 69TH STREET  
MIAMI FL 33138  
US

Mailing Address

430 SOUTH SHORE DRIVE  
MIAMI BEACH FL 33141  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

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

STERN, EDWARD  
430 SOUTH SHORE DRIVE  
MIAMI BEACH FL 33141

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, 2001 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 P  
NAME STERN, EDWARD  
STREET ADDRESS 430 S. SHORE DR.  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE VP  
NAME STERN, JEFFREY  
STREET ADDRESS 430 S SHORE DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE S  
NAME STERN, ORLY  
STREET ADDRESS 430 S SHORE DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 powers.

SIGNATURE:

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90123 023 \*\*\*150.00

00000728



DO NOT WRITE IN THIS SPACE

0174172

CR2E034 (10/00)

4-18-01



Attachment  
DH M60423  
A0886728

September 11, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Contact No: (305) 756-7546

Attn: Melinda Lilliston

Dear Ms. Lilliston:

After receiving the "FILE NOW" second notice, I immediately checked with my bank. I was advised by them that check # 1936 dated April 18, 2001 was not negotiated. I therefore have issued a replacement check # 1983 for the same amount.

Enclosed please find copies of the check #1936 together with a copy of the application submitted April 18, 2001.

Thank you for your cooperation in this matter, I remain

Respectfully,

Edward Stern

for: A-1 Jasco, Inc.

Encl:

Application copy 4-18-01

Check # 1936 copy

Replacement check # 1983

JASCO, P.A.  
255 NE 69TH ST.  
MIAMI, FL 33138

1936

63-8413/2670

DATE April 18, 2001

PAY  
TO THE  
ORDER OF

Florida Dept. of State, Division of Corp.

\$150.00

150.00

DOLLARS



Washington Mutual

Washington Mutual Bank, FA  
Miami Shores Financial Center 1722  
9640 NE 2nd Avenue  
Miami Shores, FL 33138  
1-800-768-7000  
24 hour Customer Service

FOR Corporate re-newal

001936 267084131831 276368 9