

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-14-2003 90100 033 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008247					
1. Entity Name JASA CONDOMINIUM, CORP.					
Principal Place of Business 592 SW 10 STREET APT #1 MIAMI, FL 33130		Mailing Address 592 SW 10 STREET APT #1 MIAMI, FL 33130			
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 03-0377200			
		Applied For ☐ Not Applicable			
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNSTAN, ROBERTO T 690 SW 10 ST APT #2 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name GONZALEZ, ILEANA Street Address (P.O. Box Number is Not Acceptable) 594 SW 10 ST. APT. #2 City MIAMI FL 33130			
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 <i>Ileana Gonzalez</i>		DATE 4-10-03			
Signature typed or printed name of registered agent and the corporation.		DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	DP	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DUNSTAN, ROBERTO T		NAME	GONZALEZ, ILEANA	
STREET ADDRESS	690 SW 10 ST APT #2		STREET ADDRESS	594 SW 10 ST. APT. #2	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	DS	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DUNSTAN, DELIA Q		NAME	SECRETARY DIAZ, BLANCA	
STREET ADDRESS	692 SW 10 ST APT #4		STREET ADDRESS	592 SW 10 ST. APT. #1	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	DT	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PEREZ, JOSE I		NAME	TREASURER RIVERA, ENELYN	
STREET ADDRESS	694 SW 10 ST APT #3		STREET ADDRESS	590 SW 10 ST. APT. #4	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 the empowered.					
SIGNATURE <i>Ileana Gonzalez</i>		ILEANA GONZALEZ		4-10-03 (305)	
Signature typed or printed name of registered agent and the corporation.		Date		Corporate Phone #	

55030822



CHECK HERE IF MAKING CHANGES

CR25037 (10/02)