

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 048 ***150.00

DOCUMENT # P00000027113			
1. Entity Name JUSTAY INC.			
Principal Place of Business 145 MADEIRA AVE #310 CORAL GABLES FL 33334 US		Mailing Address 145 MADEIRA AVE #310 CORAL GABLES FL 33334 US	
2. Principal Place of Business 17700 SW 76 Ave		3. Mailing Address 1320 S DIXIE Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 280	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33157	Country Dade	Zip 33146	Country Dade
5. Name and Address of Current Registered Agent DE VARONA, RAUL J SANCHEZ 145 MADEIRA AVE., STE. 310 CORAL GABLES FL 33134		4. FEI Number 65-0996279 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
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 _____ (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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D STAY, JEFFREY J 145 MADEIRA AVE #310 CORAL GABLES FL 33134 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: SIGNATURE REQUIRED		3/13/02 (012) 670-8322 Date Daytime Phone #	

CR2E034 (9/01)