

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90044 022 ***150.00

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DOCUMENT # **P00000062926**

1. Entity Name
JAG HOLDINGS AND INVESTMENTS, INC.

Principal Place of Business 14820 NE 5TH AVENUE MIAMI FL 33161	Mailing Address 14820 NE 5TH AVENUE MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14820-NE-5 Ave Suite, Apt. #, etc. N/A	3. Mailing Address 14820-NE-5 Ave Suite, Apt. #, etc. N/A
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City & State Miami, Fla.	City & State Miami, Fla.	4. FEI Number 65-1022495	Applied For <input type="checkbox"/> Not Applicable
Zip 33161	Country Dade	Zip 33161	Country Dade

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JOSEPH, ARNOLD
14820 NE 5TH AVENUE
MIAMI FL 33161

7. Name and Address of New Registered Agent
 Name **Joseph, Arnold**
 Street Address (P.O. Box Number is Not Acceptable)
14820-NE-5 AVE
 City **Miami** FL Zip Code **33161**

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: **Arnold Joseph, President, Arnold** **4/7/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent cannot be registered when removing) 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSEPH, ARNOLD 14820 NE 5TH AVENUE MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, MARIE GUETIE 14820 NE 5TH AVENUE MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. 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
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

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: **Arnold Joseph** **4/7/02**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)