

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065910

1. Entity Name

J.A.S. CONSULTING GROUP, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90012 034 ***150.00

0021752

Principal Place of Business

Mailing Address

C/O JERRY SOMMA
1 BUNKER PLACE
TEQUESTA FL 33469

C/O JERRY SOMMA
1 BUNKER PLACE
TEQUESTA FL 33469

643517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 Plaza US 1

3. Mailing Address

222 US 1

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

Tequesta FL

City & State

Tequesta FL

4. FEI Number

65-1017212

Applied For

Not Applicable

Zip

33469

Country

Palm Beach

Zip

33469

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN-GUENTHER, JOYCE ESQ.
10723 S.W. 104 STREET
MIAMI FL 33176

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

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

TITLE PD
NAME SOMMA, JERRY
STREET ADDRESS 1 BUNKER PLACE
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)