


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90197 041 \*\*\*150.00

DOCUMENT # *P00000087122*

1. Entity Name  
*JLA INVESTMENT GROUP, INC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>16592 NW 9 CT</i>		3. Mailing Address <i>16592 NW 9 CT</i>	
Suite, Apt. #, etc. <i>Pembroke Pines</i>		Suite, Apt. #, etc. <i>Pembroke Pines</i>	
City & State <i>FL</i>		City & State <i>FL</i>	
Zip <i>33028</i>	Country <i>U.S.A.</i>	Zip <i>33028</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-1040542</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *John Carstea*

Street Address (P.O. Box Number is Not Acceptable)  
*16592 NW 9 CT*

City *Pembroke Pines FL* Zip Code *33028*

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

*[Signature]*

*5-26-03*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT John Carstea 16592 NW 9 CT Pembroke Pines FL 33028</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT ALISA CARSTEA 16592 NW 9 CT Pembroke Pines FL 33028</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-26-03*

Date

*954-444-1046*

Daytime Phone #

CR2E034B (12/02)

Attachment #

80123610  
P00000087122

To whom it may concern

The reason I did not send my  
fee and app. in I did not  
get my U.B.R for 2003.  
I recently received a copy  
and I'm sending the app. with  
fee.

Thank you  
John Carster  
16592 NW 9 CT  
Pembroke Pines  
Florida 33028  
H 954-438-7237  
Cell 954-444-1046