2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P00000 JSA, INC.	96878			Niar 01, 2 Secreta 03-01-2001 9		ate
Principal Place of Business HO W VINE STREET STE 101 KISSIMMEE FL 34741		Mailing Address 410 W VINE STREET STE 101 KISSIMMEE FL 34741			OIGI		
2. Principal Place of Business B40'S MINI MART Suite, Apt. #, etc. 1000, CARLTON ARMS BLVD.		3. Mailing Address 1340's MINI MART Suite, Apt. #, etc. 1000, CARLTON ARMS RLVP.		2170	DO NOT WRITE IN THIS SPACE		
City & State BRADENTON, FL Zip Country		City & State BRADENTON, FL Zip Country		4.	FEI Number 9 - 3 67 7 0 2 1 Certificate of Status Desired	——————————————————————————————————————	oplied For ot Applicable ditional
3420	6. Name and Address of Current F		MA NATE Name	7.	Name and Address of New Regi	Fee Require	d
5301	IGNE, JAMES R CONROY ROAD STE 140 ANDO FL 32811	Street Address (Address (P.O.: E	/	3 LVD.	e 1208
8. The above	named entity submits this statement for Signature. Speed or printed name of registered agent ar	TAG YAEIV	Ť		0		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PATEL, VIJAY 410 W VINE STREET STE 101 KISSIMMEE FL 34741	PIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL	DITIONS/CHANGES TO OFFICE VIJAY AKLTON AKMS B ENTON FL - 342	☑ Change L √ D .	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, RAHUL 410 W VINE STREET STE 101 KISSIMMEE FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE AND AME STREET ADDRESS CITY-ST-ZIP	· •	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	Change Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby of indicated	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyers.	rue and accurate and that my	he exemption sta / signature shall	have the same	legal effect as if made under oath	; that I am an officer	or director

changed, or on an attachment with an acturess, with all other like empowered.

SIGNATURE:

VIJAY J. PATEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 12 0 1 0 1 Date