Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000116535 1. Entity Name J.G.A. HOLDINGS, INC.				SECRETARY OF STATE SECRETARY OF		
		•		01 OCT 18 PM 3:42	**	
(- ,	ce of Business ELL AVE. \$2605	Mailing Address		A0082851		
2. Principal Place of Business		3. Mailing Address		I ESTIFATI UN SOUN OPKIN BOINE OSINI MEIOL LIVEN KUTE ENIEL BIID	D ELLEY WITH 1965	
Suite, Apt, #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zíp	Country	Zip	Country	5. Certificate of Status Desired See Requir	iditional ed	
	6. Name and Address of Current I	Registered Agent	<u> </u>			
ASHER JAMES G				Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
6. 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 reinsteiting) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Title NOW!!! FEE IS \$550.00						
11.	oria on back) OFFICERS AND I		e to Department of St	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	PS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, JAMES G 11541 BRICKELL AVE, #2605 MIAMI FL 33129	☐ Delete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition Co.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		∵ □ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition S	
TITLE -NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE - NAME:	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Dē(de → -	NAME STREET ADDRESS CITY-ST-ZIP	Ato 26	-□ Addition- e=	
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 of the corchanged,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empor or on an attachmen fitth engaginess, wi	his filing does not qualify for the rue and accurate and that my vered to execute this report as the all other like empowered.	he exemption stated in So signature shall have the s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the in same legal effect as if made under oath; that I am an officer 7, Florida Statutes; and that my name appears in Block 11 o	nformation or director r Block 12 if	

Attachment

A0082851

Tel: (305) 859-8714 Fax: (305) 859-9818

THE ASHER GROUP

1541 Brickell Ave. #2605 Miami, FL 33129 00000116535

August 16th 2001

Please reinstate this corporation, as we had not received any notice to pay until now. The address shown is incorrect. It shows as 11541 instead of 1541. Please correct the address. If you have any questions, please feel free to call me at (786)-423-0186

Thank You,

Laura Gold