

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90239 028 ***150.00

DOCUMENT # **P00000110535**
1. Entity Name
J.G.A. HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1541 Brickell Ave
Suite, Apt. #, etc.

3. Mailing Address
#2605
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami

City & State
FLORIDA

4. FEI Number
65-1673050

Applied For
Not Applicable

Zip
33129

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAMES ASHER

Street Address (P.O. Box Number is Not Acceptable)

1541 Brickell Ave. #2605

City
Miami

FL

Zip
33129

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
President
JAMES ASHER
1541 Brickell Ave #2605 Miami, FL
33129

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)