

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

Amended
FILED

DOCUMENT # P01000018786

1. Entity Name

JAGO Corp.

02 MAR 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16661 Echo Hollow Circle
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 81-0983
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEL RAY BEACH FL.

City & State

BOCA RATON FL.

4. FEI Number

65-1099282

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33481

Country

USA

5. Certificate of Status Desired

1

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAIME Godur

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

16661 Echo Hollow Circle

City

DEL RAY BEACH

FL

Zip 33484

**DO NOT WRITE
IN THIS SPACE**

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

3/12/02

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

X

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.

0

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	JAIME Godur
STREET ADDRESS	16661 Echo Hollow Circle
CITY-ST-ZIP	DEL RAY BEACH FL. 33484
TITLE	PRESIDENT
NAME	JAIME Godur
STREET ADDRESS	16661 Echo Hollow Circle
CITY-ST-ZIP	DEL RAY BEACH FL. 33484
TITLE	TREASURER & SECRETARY
NAME	JAIME Godur
STREET ADDRESS	16661 Echo Hollow Circle
CITY-ST-ZIP	DEL RAY BEACH FL. 33484
TITLE	
NAME	
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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

JAIME Godur

3/12/02

Date

Daytime Phone #

561-499-9174

CR2E034B (12/01)