FILED
Jun 19, 2002 8:00 am
Secretary of State
05-27-2002 90425 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name
P01000051972
JASU, INC.

DO NOT WRITE IN THIS SPACE

94026

2. Principal Place of Business	3. Mailing Address
10300 SW 72 ST.	
Suite, Apt. #, etc.: #270	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33173 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0603827 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: ORLANDO DE ARMAS
Street Address (P.O. Box Number is Not Acceptable): 10300 SW 72 ST. #270
City: MIAMI FL Zip Code: 33173

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

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 - Treasurer JAIME LEIVA 2618 CRESTVIEW DR. AURORA IL 60504
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President - Secretary SUSAN LEIVA 2618 CRESTVIEW DR. AURORA IL 60504
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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: _____ 5/1/02 630-327-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #