

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

MAJORAL AV

03-05-2002 90144 042 ***150.00

DOCUMENT # P01000101622
 1. Entity Name
JAVES ACQUISITIONS, INC.

Principal Place of Business Mailing Address
2051 41 STREET NORTH **2051 41 STREET NORTH**
ST PETERSBURG FL 33713 **ST PETERSBURG FL 33713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3752370 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RAMOS, JULIO
2051 41 STREET NORTH
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Julia Ramos	2051 41st St. N.	St. Pete., FL. 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Victor Ramos	7081 43rd St. N.	Pinellas Park, FL. 33781	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Ariel Ramos	4516 37th Ave. N.	St. Petersburg, FL. 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Jose Ramos	4400 37th Ave. N.	St. Petersburg, FL. 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Heriberto Ramos	3992 29th Ave. N.	St. Petersburg, FL. 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julia Ramos Date: 2/16/02 Daytime Phone #: (727) 433-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)