

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044732

1. Entity Name

JOG ROAD PROPERTIES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90029 013 ***150.00

Principal Place of Business

12000 BISCAYNE BLVD. C/O G MOSS
 SUITE 508
 MIAMI FL 33181
 US

Mailing Address

12000 BISCAYNE BLVD.. C/O G MOSS
 SUITE 508
 MIAMI FL 33181-2703
 US

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

65-0499978

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, GERARD G
 12000 BISCAYNE BLVD SUITE 508
 MIAMI FL 33181

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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, 2000 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	DPR	<input type="checkbox"/> Delete
NAME	WINFRIED KOELLMANN	
STREET ADDRESS	KRONBRUCH 11	
CITY-ST-ZIP	HEILIGENRODE GE	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STEFANIE KOELLMANN	
STREET ADDRESS	KRONBRUCH 11	
CITY-ST-ZIP	STUHR 1 HEILIGENRODE GE	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GERARD G MOSS	
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 508	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerard G Moss S.T. 1/7/2000