

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90005 024 ***150.00

DOCUMENT # P95000012400

1. Entity Name
J S GROUP, INC.

Principal Place of Business

% MARK D. SCHLID
9350 S. DIXIE HIGHWAY, SUITE 1450
MIAMI FL 33156

Mailing Address

% MARK D. SCHLID
9350 S. DIXIE HIGHWAY, SUITE 1450
MIAMI FL 33156

921823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 N HIATUS RD
 Suite, Apt. #, etc.
STE 103

3. Mailing Address

700 N. HIATUS RD
 Suite, Apt. #, etc.
STE 103

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

4. FEI Number **65-0559195**

Applied For
 Not Applicable

Zip **33026**

Country

Zip **33026**

Country

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

6. Name and Address of Current Registered Agent

SCHLID, MARK D
~~**9350 SOUTH DIXIE HIGHWAY**~~
~~**SUITE 970**~~
~~**MIAMI FL 33156**~~

7. Name and Address of New Registered Agent

Name

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

700 N. HIATUS RD STE 103

City

Pembroke Pines

FL

Zip Code

33026

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, 2001 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 **DP** ☐ Delete
 NAME **SCHILD, MARK D**
 STREET ADDRESS **9350 S. DIXIE HIGHWAY, STE. 1450**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ Delete
 NAME **FRAMKE, ARTHUR N**
 STREET ADDRESS **9350 S. DIXIE HIGHWAY, STE. 1450**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **700 N. HIATUS RD STE 103**
 CITY-ST-ZIP **Pembroke Pines FL 33026**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **700 N. HIATUS RD #103**
 CITY-ST-ZIP **Pembroke Pines FL 33026**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)