

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057836

1. Entity Name

JA PROPERTIES OF TAMPA, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90168 032 ***150.00

Principal Place of Business

Mailing Address

11015 N DALE MABRY HWY
TAMPA FL 33618
US

11015 N DALE MABRY HWY
TAMPA FL 33618-3801
US

2. Principal Place of Business

13014 N. DALE MABRY HWY

3. Mailing Address

13014 N. DALE MABRY HWY

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

SUITE 356

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

65-0605051

Applied For

Not Applicable

Zip

33618

Country

US

Zip

33618

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPPAPORT, A. G

11015 N DALE MABRY HWY
TAMPA FL 33618

Name

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

13014 N. DALE MABRY HWY

SUITE 356

City

TAMPA

FL

Zip Code

33618

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RAPPAPORT, A. G	
STREET ADDRESS	11015 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAPPAPORT, DIANE	
STREET ADDRESS	11015 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA 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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13014 N. DALE MABRY HWY SUITE 356
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13014 N. DALE MABRY HWY SUITE 356
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2000

Date

Daytime Phone #

CR2E034 (9/99)