

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093585

1. Entity Name

JASON DEVELOPMENT & ENTERTAINMENT CORP.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90031 035 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DASZKAL & CO  
240 W PALMETTO PK RD  
BOCA RATON FL 33432  
US

C/O DASZKAL & CO  
240 W PALMETTO PK RD  
BOCA RATON FL 33432-3731  
US

2. Principal Place of Business

3. Mailing Address

2401 NW Boca Raton Blvd  
Suite, Apt. #, etc.  
Suite 100

2401 NW Boca Raton Blvd  
Suite, Apt. #, etc.  
Suite 100

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip Country  
33431 US

Zip Country  
33431 US

4. FEI Number 65-0629050

Applied For  
Not Applicable

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

FRAGETTA, WILLIAM A  
301 YAMATO RD  
SUITE 4150  
BOCA RATON FL 33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAVETZ, JASON C	
STREET ADDRESS	19641 ISLAND CT DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Date

Daytime Phone #

(561) 482-1910

CR2E034 (9/99)