

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90394 013 ***150.00

DOCUMENT # P96000040240

1. Entity Name

J.D.B.A.S. INC.

Principal Place of Business

~~4100 N. 42ND TERRACE~~
~~HOLLYWOOD FL 33021~~

21150 POINT PL #2502
 AVENTURA FL 33180

Mailing Address

C/O L. DRELICH CPA
 8211 W. BROWARD BLVD.
 PLANTATION FL 33324

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

65-0663266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOTTON, SAMY
 8211 WEST BROWARD BLVD. #200
 PLANTATION FL 33324

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, 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 ☐ Delete

NAME **P**
BOTTON, SAMY
 STREET ADDRESS ~~4100 N. 42ND TERRACE~~ 21150 Point Pl.
 CITY-ST-ZIP ~~HOLLYWOOD-FL 33021~~ Aventura, Fl. 33180

TITLE ☐ Delete

NAME **S**
BOTTON, APRIL
 STREET ADDRESS ~~8900 DELONGPRE AVENUE~~ 21150 Point Pl.
 CITY-ST-ZIP ~~LOS ANGELES-CA~~ Aventura FL 33021

TITLE ☐ Delete

NAME **T**
BOTTON, DAVID
 STREET ADDRESS ~~8300 DELONGPRE AVENUE~~ 1150 LACIENGA BLVD
 CITY-ST-ZIP ~~LOS ANGELES-CA~~ #506 W Hollywood CA 90069

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 ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS ☐ Change ☐ Addition

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

SAMY BOTTON 4/12/02

Date

Daytime Phone #

CR2E034 (9/01)