## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P97000005577 **DOCUMENT#** 1. Entity Name JAG MANAGEMENT, INC.

Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90216 008 \*\*\*150.00

Section   Sect							A CONT	Tres						
Sulfa, Apt #, etc.   G-HECK HERE IF MAKING CHANGES  City & Stato   4. FEI Number NOT APPLICABLE   Applicable   Not Applicable	10598 N.W. SC	outh river i	10598 N.W. SOUTH RIVER DRIVE											
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  ABEL, JONATHAN E  10598 N.W. SOUTH RIVER DRIVE  MEDLEY FL 33178  City  FL Zip Code  8. The above named entity submits mis statement for the purpose of changing its registered diffee or registered apent, or both, in the State of Florida. I am tamiliar with, and accept the or obligations of registered apent.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check People for Fording Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS  12. ADDITIONS/CHANGES TO OFFICERS  13. AD	2. Principal P	lace of Busir	<b>3.</b> Mai	3. Mailing Address					1 2 <b>00</b> 1100	<b>19</b> 11 <b>19</b> 11 <b>33</b> 11	<b>7713) 7</b> 112) <b>7</b> 1111	1880) (88) (88)		
Zip Country Zip Country 5. Centricate of State  ABEL, JONATHAN E 10598 N.W. SOUTH RIVER DRIVE  MEDLEY FL 33178  Street Address (P.O. Box Number is Non Acceptable)  The above named entity submits this statement for the purpose of changing its replaced agent, or both, in the State of Florida. I am lamiliar with, and accept the originations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$850.00  Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  THE DAME  ABEL, JONATHAN E 10848 WAS STREET ADDRESS 1074-51-7P  THE DAME  ABIREL, JONATHAN E 10848 WAS OUTSTREET 10848 WAS CONTYST-7P  THE DAME STREET ADDRESS 1074-51-7P  THE DA	Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.						☐ CHECK HEF	RE IF MAKIN	IG CHANGE	S	
See Required  8. The man and Address of Current Registered Agent  AIBEL, JONATHAN E  10596 N.W. SOUTH RIVER DRIVE  MEDLEY FL 33178  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150,00  After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  AMME  AIBEL, JONATHAN E  SIRET ALORSES  OLYS T-2P  MINAMI FL 33156  Deale  MIRANDO, AUDREY K  SIRET ALORSES  SONON, GIRETTE S  SIRET ALORSES  CITY S1-2P  TITLE  Deale  ITILE  NAME  SIRET ALORSES  CITY S1-2P  TITLE  MAMI BEACH FL 33140  Deale  TITLE  Deale  SIRET ALORSES  CITY S1-2P  TITLE  MAMI BEACH FL 33140  Deale  TITLE  Deale  SIRET ALORSES  CITY S1-2P  TITLE  MAMI BEACH FL 33140  Deale  TITLE  Deale  SIRET ALORSES  CITY S1-2P  TITLE  Deale  TITLE  Deale  SIRET ALORSES  CITY S1-2P  TITLE  Deale  TITLE  Dea	City & Stat	e		City & State					4. FE	Not APPL	ICABLE	<b>├</b>		7
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ABEL, JONATHAN E 10599 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178  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 Forda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE ADD DRIVE STREET  SIRET ADDRESS  SIRET ADDRESS  OTH ST-ZP  THE  MIAM FL 33156  OTH ST-ZP  THE  MAM BEACH FL 33140  Delde  THE  THE  THE  THE  THE  THE  THE  T		- 6. Name	and Address of Current	Registere	d Agent									]
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		ertify that the	information supplied with	this filing	does not qualify to			ed in Sect	ion 110	9.07(3)(i). Florida Statute	s. I further o	ertify that the	information	1

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a fladdress, with all other like empowered.

SIGNATURE: