

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006617

1. Entity Name

THE JAGUAR GROUP CORP.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90054 024 ***150.00

Principal Place of Business

Mailing Address

4611 S. UNIVERSITY DR., STE. 221
 FT. LAUDERDALE FL 33328

16095 NW 57 AVE
 MIAMI FL 33014-6705
 US

2. Principal Place of Business

3. Mailing Address

318 INDIAN TRACE

318 INDIAN TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#425

#425

City & State

City & State

WESTON, FL

WESTON, FL

Zip

Country

Zip

Country

33326

USA

33326

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0736663

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

MUSSMAN, JAY D
 5881 NW 151 ST. #101
 MIAMI LAKES FL 33014

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 ☐ Delete
 NAME D
 STREET ADDRESS GRESS, JON
 CITY-ST-ZIP 4611 S. UNIVERSITY DR., STE. 221
 FT. LAUDERDALE FL 33328

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS GRESS, JON
 CITY-ST-ZIP 318 INDIAN TRACE, #425
 WESTON, FL 33326

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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 reports 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

4/26/2000 (954) 560-7447

Date

Daytime Phone #

CR2E034 (9/99)