

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90226 021 \*\*\*150.00

**DOCUMENT # P97000081890**

1. Entity Name  
**JCA REALTY, INC.**

Principal Place of Business <b>3101 N FEDERAL HWY          6TH FLOOR          FORT LAUDERDALE FL 33306</b>	Mailing Address <b>3101 N FEDERAL HWY          6TH FLOOR          FORT LAUDERDALE FL 33306</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0788517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MELVIN, MICHAEL  
 3101 N FEDERAL HWY  
 SUITE 602  
 FT LAUDERDALE FL 33306**

**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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>AMATURO, JOSEPH C</b>	
STREET ADDRESS <b>3101 N FEDERAL HWY, 6TH FLOOR</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33306</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>HASHEMI, HAMID A</b>	
STREET ADDRESS <b>3101 N FEDERAL HWY, STE 600</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33306</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASHEMI, A. Hamid</b>
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: BY:** A. Hamid Hashemi **Vice President** **1/29/01** **954-564-6550**

**A. HAMID HASHEMI, as Vice President** Date Daytime Phone #

CR2E034 (10/00)