

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000100713**

1. Entity Name

**JOPASE ASSOCIATES, INC.****FILED****Jan 19, 2001 8:00 am  
Secretary of State**

01-19-2001 90061 034 \*\*\*150.00

Principal Place of Business

**18433 S.E. HERITAGE DRIVE  
TEQUESTA FL 33469**

Mailing Address

**18433 S.E. HERITAGE DRIVE  
TEQUESTA FL 33469**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **26-4134281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, EDGAR  
367 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134-5003**

7. Name and Address of New Registered Agent

Name  
**DONALD A. GOLDEN**Street Address (P.O. Box Number is Not Acceptable)  
**11755 S.W. 62 AVENUE**City  
**MIAMI**

FL

Zip Code  
**33156**

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 Donald A. Golden **DONALD A. GOLDEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/2/01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SESSIONS, MICHAEL  
18433 S.E. HERITAGE DRIVE  
TEQUESTA FL 33469** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SESSIONS, DENISE A  
18433 S.E. HERITAGE DRIVE  
TEQUESTA FL 33469** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY + DIRECTOR** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT + DIRECTOR  
JOHN P. SESSIONS  
18433 SE HERITAGE DRIVE  
TEQUESTA, FL 33469** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

MICHAEL A. SESSIONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

Date

561-7488848

Daytime Phone #

CR2E034 (10/00)

032120