

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90084 040 ***550.00

DOCUMENT # P99000085145

1. Entity Name

JAG RESTORATION AND CAULKING, INC.

Principal Place of Business

**3789 NW 46TH STREET
 MIAMI FL 33142**

Mailing Address

**3789 NW 46TH STREET
 MIAMI FL 33142**

2. Principal Place of Business

3750 NW 46 STREET

3. Mailing Address

3750 NW 46 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

52-2193209

Applied For

Not Applicable

Zip

33142

Country

DAVE

Zip

33142

Country

DAVE

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

**RODRIGUEZ, JOSE A
 150 ALHAMBRA CIRCLE
 SUITE 1270
 CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **GUTTENTAG, DAVID R**
 CITY-ST-ZIP **3789 NW 46TH STREET
 MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
 NAME **PRCS.**
 STREET ADDRESS **GUTTENTAG, DAVID R**
 CITY-ST-ZIP **3750 NW 46 ST
 MIAMI, FL 33142**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ROMAN, PETER EDWARD JR**
 CITY-ST-ZIP **3789 NW 46TH STREET
 MIAMI FL 33142**

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 ☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/02 305-633-1024

Date

Daytime Phone #

CR2E034 (4/02)