

# 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**

Suite, Apt. #, etc.

3. Mailing Address

**3750 NW 46 ST**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**52-2193209**

Applied For  
 Not Applicable

Zip  
**33142**

Country  
**DADE**

Zip  
**33142**

Country  
**DADE**

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 DATE

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUTTENTAG, DAVID R</b>	
STREET ADDRESS	<b>3789 NW 46TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROMAN, PETER EDWARD JR</b>	
STREET ADDRESS	<b>3789 NW 46TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTTENTAG, DAVID R</b>	
STREET ADDRESS	<b>3750 NW 46 ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

07/23/02 305-633-7027  
 Date Daytime Phone #

CR2E034 (4/02)