

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096646

1. Entity Name

J.A.R.S COMMERCIAL CORPORATION

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90015 040 \*\*\*150.00

Principal Place of Business

1201 NORTH FEDERAL HIGHWAY  
SUITE 2B  
FT. LAUDERDALE FL 33304

Mailing Address

1201 NORTH FEDERAL HIGHWAY  
SUITE 2B  
FT. LAUDERDALE FL 33304

643660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4109 N. FEDERAL HWY

3. Mailing Address

4109 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0964452

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, JOEL  
1201 NORTH FEDERAL HIGHWAY  
SUITE 2B  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

STEIN, JOEL

Street Address (P.O. Box Number is Not Acceptable)

4109 N. FEDERAL HWY

City

FT. LAUDERDALE

FL

Zip Code

33308

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

4/12/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	STEIN, JOEL	
STREET ADDRESS	1201 NORTH FEDERAL HIGHWAY SUITE 2B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	<del>STEIN, JOEL</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>STEIN, JOEL</del>	
STREET ADDRESS	<del>4109 N. FEDERAL HWY</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE, FL 33308</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JOEL	
STREET ADDRESS	4109 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
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		
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/01

Daytime Phone #

CR2E034 (10/00)