FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90171 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68363

1. Entity Name: JLGM, INC

DO NOT WRITE IN THIS SPACE

90081808

2. Principal Place of Business		3. Mailing Address	
16375 NE 18 Ave		16375 NE 18 Ave	
Suite, Apt. #, etc. #300		Suite, Apt. #, etc. #300	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33162	Country USA	Zip 33162	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2805015 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GWEN MARGOLIS
Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18 Ave #300
City North Miami Beach FL Zip Code 33162

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] April 6, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Gwen Margolis	NAME	
STREET ADDRESS	16375 NE. 18 Ave #300	STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach, FL 33162	CITY-ST-ZIP	
TITLE	Estate of Jerome Linet	TITLE	
NAME	Lou Clapps Personal Rep.	NAME	
STREET ADDRESS	10100 West Sample Rd. #329	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33065	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] April 6, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #