

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90042 002 \*\*\*\*50.00

0012233

**DOCUMENT # L02000025929**

1. Entity Name

**JMCH, LLC**



Principal Place of Business

**5324 FLAMINGO PLACE  
COCONUT CREEK FL 33073  
US**

Mailing Address

**5324 FLAMINGO PLACE  
COCONUT CREEK FL 33073  
US**

2. Principal Place of Business

**5324 FLAMINGO PL.**  
Suite, Apt. #, etc.

3. Mailing Address

**5324 FLAMINGO PL.**  
Suite, Apt. #, etc.

City & State

**COCONUT CREEK FL 33073**

City & State

**COCONUT CREEK FL 33073**

Zip

**33073**

Country

**U.S.**

Zip

**33073**

Country

**U.S.**

4. FEI Number

**42-1552999**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CAPOGRECO, JOSEPH M.  
5324 FLAMINGO PLACE  
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **Joseph M. Capogreco**  
Street Address (P.O. Box Number is Not Acceptable)  
**5324 FLAMINGO PLACE**  
**COCONUT CREEK**  
City **COCONUT CREEK** FL Zip Code **33073**

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 **Joseph M. Capogreco**

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

**9-20-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PARTNER** ☐ Delete  
NAME **Joseph M. Capogreco**  
STREET ADDRESS **5324 FLAMINGO PL.**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **PARTNER** ☐ Delete  
NAME **JACK HAMILTON**  
STREET ADDRESS **SAME AS ABOVE**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Joseph M. Capogreco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9-23-03**

Date

**854-410-7233**

Daytime Phone #

CR2E083 (4/03)