

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90352 043 ***150.00

DOCUMENT # L41842

1. Entity Name
J B CAPITAL MANAGEMENT, INC.

Principal Place of Business 9350 S. DIXIE HWY., STE. 900 MIAMI FL 33156	Mailing Address 9350 S. DIXIE HWY., STE. 900 MIAMI FL 33156
2. Principal Place of Business 3455 NW 54th Street	3. Mailing Address 3455 NW 54th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Miami Florida	City & State Miami Florida	4. FEI Number 65-0168656	Applied For <input type="checkbox"/> Not Applicable
Zip 33142	Country U.S.A.	Zip 33142	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent MARCIANO, SHELLEY 9350 SOUTH DIXIE HIGHWAY, SUITE 900 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Lilia Kelley Street Address (P.O. Box Number is Not Acceptable) 3455 NW 54th Street City Miami FL Zip Code 33142
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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 *Lilia Kelley* DATE 2/16/01
(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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST	<input checked="" type="checkbox"/> Delete PUCK, ROBERT J. 9350 SOUTH DIXIE HY S900 MIAMI FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> Delete BLANK, JEROME 9350 SOUTH DIXIE HY S900 MIAMI FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input checked="" type="checkbox"/> Delete MARCIANO, SHELLEY 9350 S DIXIE HWY STE 900 MIAMI FL 33156	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME Lilia Kelley	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS 3455 NW 54th Street	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP MIAMI, FL 33142	
TITLE	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME Andrew Bianchi	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS 3455 NW 54th Street	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP MIAMI, FL 33142	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *Jerome Blank* DATE 2/16/01 DAYTIME PHONE # (305) 633-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)