

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90009 025 ***150.00

0654328 AV

DOCUMENT # P94000063736
 1. Entity Name
J.A.M. EUROPEAN AUTOWERKS, INC.

Principal Place of Business 1516 N. KELLEY AVE. KISSIMMEE FL 34744	Mailing Address 1516 N. KELLEY AVE. KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1506 N. KELLEY AVE. Suite, Apt. #, etc.	3. Mailing Address 1506 N. KELLEY AVE. Suite, Apt. #, etc.
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City & State KISSIMMEE, FL.	City & State KISSIMMEE, FL	4. FEI Number 59-3264035	Applied For <input type="checkbox"/>
Zip 34744	Country USA	Zip 34744	Country USA

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

6. Name and Address of Current Registered Agent
COMPANA, JOE
1680 NEPTUNE RD.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name
JOSEPH R. CAMPANA
 Street Address (P.O. Box Number is Not Applicable)
1680 NEPTUNE RD.
 City
KISSIMMEE FL **34744**

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 **X @ Campana** **ANGELO CAMPANA** **1/4/02**
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPANA, JOSEPH R 1680 NEPTUNE RD. KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPANA, ANGELO F 2266 CHARDONNAY COURT WEST KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPANA, GARY A 3225 FAIRHAVEN AVENUE KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 is on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: **X @ Campana** **ANGELO CAMPANA** **407-897-7005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)