

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005212

1. Entity Name

JHM DOWNTOWN, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90017 009 ***150.00

Principal Place of Business

Mailing Address

RIVERSIDE OFFICE PARK
SUITE 3B AND 3G
GREENVILLE S 29607
US

PO BOX 8375
GREENVILLE SC 29604-8375

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0757420

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUROTTO, DON
C/O WELLS, ALLEN, LANG & MORRISON, P.A.
340 NORTH ORANGE AVENUE
ORLANDO FL 32802

Name

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

City

FL

Zip Code

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

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, 2000 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	PCD	<input type="checkbox"/> Delete
NAME	RAMA, HASMUKH P	
STREET ADDRESS	306 HENDERSON ROAD	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAMA, JAYANTI P	
STREET ADDRESS	306 HENDERSON ROAD	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RAMA, MANHAR P	
STREET ADDRESS	1 HERMOSA COURT	
CITY-ST-ZIP	GREER SC	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rama, Jayanti P	
STREET ADDRESS	306 HENDERSON Rd.	
CITY-ST-ZIP	GREENVILLE, SC	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rama, Manhar P.	
STREET ADDRESS	1 HERMOSA COURT	
CITY-ST-ZIP	Greer, SC	
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

Daytime Phone #

CR2E034 (9/99)