

2001 UNIFORM BUSINESS REPORT (UBR)

0005382 AF

DOCUMENT # **A98000001641**

1. Entity Name

JAMAX INVESTMENTS, LTD.

Principal Place of Business

**8320 SW 164TH STREET
MIAMI FL 33157**

Mailing Address

**8320 SW 164TH STREET
MIAMI FL 33157**

2. Principal Place of Business

8320 SW 164th St

Suite, Apt. #, etc.

211

City & State

Miami FL

Zip

33157

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Miami FL

Zip

33157

Country

USA

6. Name and Address of Current Registered Agent

**ROWE, CHARLES R
1310 N. KROMO AVE.
HOMESTEAD FL 33156**

FILED

01 MAR -6 AM 10:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0854067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

None

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P98000046612**
NAME **JMW HOLDINGS, INC.**
STREET ADDRESS **8320 SW 164TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/1/01 305-2350670

CR2E003 (11/00)