

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429125

1. Entity Name

ADVERTISING MARKETING GROUP OF J M FAMILY ENTERP

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90108 001 *1,650.00

Principal Place of Business

Mailing Address

100 N.W. 12TH AVENUE
 DEERFIELD BEACH FL 33442-1702
 US

111 NW 12TH AVE
 DEERFIELD BEACH FL 33442-1701
 US

2. Principal Place of Business

3. Mailing Address

111 NW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEGAL Dept. JMFDFEIS

City & State

City & State

DEERFIELD BEACH FL

Zip

Country

Zip

Country

33442

USA

4. FEI Number

59-1520730

Applied For
 Not Applicable

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, A. TUCKER	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MORAN, PATRICIA G.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BCH, FL 0	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BRILLIANT, JON A	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BCH, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W ESQ	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, GARY L	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, PATRICIA G.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEAD, CAREN J.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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

JOHN J. WHELAN

SECRETARY

Date

Daytime Phone #

04/27/00 954-429-2000

CR2E034 (9/99)