

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90025 036 \*\*\*150.00

**DOCUMENT # 495133**

1. Entity Name  
**JOMAR SALES CO.**

|   |   |
|---|---|
| Principal Place of Business<br>--- GRAND AVE PH 2<br>FL 33133 | Mailing Address<br>3043 GRAND AVE PH 2<br>MIAMI FL 33133-2360 |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>2250 S. DIXIE HWY</b><br>Suite, Apt. #, etc.<br><b>3B</b><br>City & State<br><b>MIAMI FL</b><br>Zip<br><b>33133</b> Country<br><b>DADE</b> | 3. Mailing Address<br><b>2250 S. DIXIE HWY</b><br>Suite, Apt. #, etc.<br><b>3B</b><br>City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33133</b> Country<br><b>DADE</b> |
|---|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>38-1860221</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |
|---|
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent  
**ROSS, SHERWIN**  
**3043 GRAND AVE. PH2**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent  
 Name  
**SHERWIN ROSS**  
 Street Address (P.O. Box Number, is Not Acceptable)  
**2250 S. DIXIE HWY S-3B**  
 City  
**MIAMI FL** Zip Code  
**33133**

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 *Sherwin Ross* DATE 4/12/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |   |
|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROSS, SHERWIN<br>3043 GRAND AVE PH 2<br>MIAMI, FL 00000 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>SHERWIN ROSS<br>2250 S. DIXIE HWY S-3B<br>MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>FISHER/ROSS, SANDRA<br>3043 GRAND AVE., PH-2<br>MIAMI FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>SANDRA FISHER-ROSS<br>2250 S. DIXIE HWY S-3B<br>MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherwin Ross* **SHERWIN ROSS** DATE 4/12/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)