

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90039 041 ***150.00

DOCUMENT # F96000000317

1. Entity Name

JM PROPERTIES GROUP, INC.

Principal Place of Business

**PO BOX 27740
 LAS VEGAS NV 89126**

Mailing Address

**1505 PONCE DE LEON BLVD
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

101 CONVENTION CENTER DR

3. Mailing Address

1571 STILLWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAS VEGAS, NV

City & State

MIAMI BEACH, FL

Zip

89102

Country

USA

Zip

33141

Country

USA

4. FEI Number

88-0352114

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

RUSSO, LAURA L ESQ

% RUSSO, BAKER & ALVAREZ, P.A.

4675 PONCE DE LEON BLVD, SUITE 301

CORAL GABLES FL 33146

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **PDST** ☐ Delete
 NAME **DODGE, PHILIP**
 STREET ADDRESS **5300 W SAHARA**
 CITY-ST-ZIP **LAS VEGAS NV 89102**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CHRISTIE, CORT W**
 STREET ADDRESS **5300 W SAHARA**
 CITY-ST-ZIP **LAS VEGAS NV 89102**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CALVO, MIRTA**
 STREET ADDRESS **1571 STILLWATER DR**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02

305-794-9524

CR2E034 (9/01)