

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G45664**

1. Entity Name
JDB INVESTMENTS, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 021 ***550.00

Principal Place of Business
C/O JAMERSON SUTTON SURLAS & MULLIN LLP
2655 LE ROAD, PH-2
CORAL GABLES FL 33134
US

Mailing Address
C/O JAMERSON, SUTTON, & SURLAS, P.A.
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2667745		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JAMERSON, ROBERT L JR. 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
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"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRILLEMBOURG, DAVID D.			NAME			
STREET ADDRESS	2655 LE JEUNE RD. PH II			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRILLEMBOURG, ADELAIDA			NAME			
STREET ADDRESS	2655 LE JEUNE RD PH II			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRILLEMBOURG, RENE			NAME			
STREET ADDRESS	2655 LE JEUNE RD PH II			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRILLEMBOURG, ELKE			NAME			
STREET ADDRESS	2655 LE JEUNE RD. PH II			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRILLEMBOURG, TANYA			NAME			
STREET ADDRESS	2655 LE JEUNE RD PH II			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 OF RENE BRILLEMBOURG 07/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #