

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28647

1. Entity Name

JMR ENTERPRISES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90057 015 ***150.00

Principal Place of Business

Mailing Address

1505 S.W. 20TH ST.
FT. LAUDERDALE FL 33315
US

1505 S.W. 20TH ST.
FT. LAUDERDALE FL 33315
US

2. Principal Place of Business

1505 S.W. 20TH ST.

3. Mailing Address

1505 S.W. 20TH ST.
FT. LAUDERDALE

Suite, Apt. #, etc.

FT. LAUDERDALE

Suite, Apt. #, etc.

City & State

FLA

City & State

FT. LAUDERDALE FLA.

Zip

33315

Country

U.S.A

Zip

33315

Country

U.S.A

4. FEI Number

59-2730270

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

RAHMAN, SIDDIQUER
1505 S.W. 20TH ST.
FT. LAUDERDALE FL 33315

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PR
RAHMAN, MOHAMMAD SIDDIQU
1505 S.W. 20TH ST.
FT. LAUDERDALE FL 33315 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MAHMUD, SHAHEEN
1505 S.W. 20TH ST.
FT. LAUDERDALE FL 33315 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

Mohammad Siddiqui Rahman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/01

Daytime Phone #

CR2E034 (10/00)