

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82773

1. Entity Name

JIMMAX, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90076 024 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2990 NW 46TH AVE~~  
~~#108~~  
~~LAUDERDALE LAKES FL 33313~~  
~~US~~

~~2990 NW 46TH AVE~~  
~~#108~~  
~~LAUDERDALE LAKES FL 33313 1865~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

4805 NW 35 ST  
Suite, Apt. #, etc.  
L-512

4805 NW 35 ST  
Suite, Apt. #, etc.  
L-512

City & State  
LAUDERDALE LAKES

City & State  
LAUDERDALE LAKES

Zip  
33319

Country  
FLORIDA

Zip  
33319

Country  
FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OUELLET, ROLAND

~~2990 NW 46TH AVE~~  
~~LAUDERDALE LAKES FL 33313~~

Name

ROLAND OUELLET

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

4805 NW 35 ST SUITE L-512  
City LAUDERDALE LAKES FL Zip Code 33319

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	P	<input type="checkbox"/> Delete
NAME	OUELLET, ROLAND	
STREET ADDRESS	2990 NW 46TH AVE #108	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUELLET, GHISLAINE	
STREET ADDRESS	2990 NW 46TH AVE #108	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUELLET, SYLVAIN	
STREET ADDRESS	216 CALIXA LAVALLE JRY 3P4	
CITY-ST-ZIP	REPENTIGNY QUEBEC CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4805 NW 35th ST L512	
STREET ADDRESS	LAUDERDALE LAKES FL 33319	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4805 NW 35 ST L-512	
STREET ADDRESS	LAUDERDALE LAKES-FL-33319	
CITY-ST-ZIP		
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		
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

02-21-2000 - 954-486-3892

Date

Daytime Phone #

CR2E034 (9/99)