

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90370 041 \*\*\*\*50.00

**DOCUMENT #** 000000007220

1. Entity Name

**JAMZ REAL ESTATE HOLDING LLC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5872 NW 122 DRIVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS, FL**

City & State

Zip **33076**

Country **BROWARD**

Zip

Country

4. FEI Number

**65-1022624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARK E. ROUSSO, ESQ.**

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

**3440 HOLLYWOOD BLVD, STE 360**

City

**HOLLYWOOD**

**FL**

Zip Code

**33021**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
STEVE MIEDNICK  
5872 NW 122 Drive Coral Springs, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
BEN MIEDNICK  
5872 NW 122 Drive Coral Springs, FL**

TITLE  
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STREET ADDRESS  
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Benjamin Miednik*

6/17/02

954 322-4280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)