2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100004320

1. Entity Name

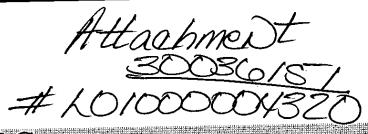


FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90063 049 ****50.00

J & M SER\	/ICES L.L.C.			
Principal Place of Business 5825 W 25TH CT #406 HIALEAH FL 33016 US		Mailing Address 5825 W 25TH CT #408 HIALEAH FL 33016 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES A FEL Number OF 1005 1009 Applied For
City & State		City & State		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
6. Name and Address of Current		nt riegistores regent	Name	
DE FRANCESCO, JULIO 6725 NW 174 TER #J			Street Addres	ess (P.O. Box Number is Not Acceptable)
MIAM	FL 33015			
سمسي سيستحدد			City	FL Zip Code
the obligation	ons of registered agent.) its registered office or regis	pistered agent, or both, in the State of Florida. 1 am familiar with, and accept squired when reinstating) DATE
0.0	Signature, typed or printed name of registered ag-			
		Make Check Pay	NOW!!! FEE IS \$50.0 rable to Florida Departr Due By May 1, 2003	tment of State
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS	SD DEFRANCISCO, JULIO H 5825 W 25TH CT #408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	HIALEAH FL 33016	□ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	To have the state of the state
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	certify that the information supplied			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the

indicated on this report is true and accurate and that my signature shall have the same logarised by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR BE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



J&M Services LLC

February 11, 2003

Limited Liability Company Division of Corporations

Dear Sir:

This note is for denote that you wrote wrong my surname in document # L01000004320 in box number 1 and 6.

My surname is "<u>Defrancesco</u>", please change it in your documents if you have it wrong, thank you.

Sincerely

Julio H. Defrancesco