

8/11/2001

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000009178**

1. Entity Name

JAM OF JACKSONVILLE, LLC**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-11-2002 90169 003 ****50.00

Principal Place of Business
1350 AVE. OF THE AMERICAS
SUITE 1910
NEW YORK NY 10019Mailing Address
1350 AVE. OF THE AMERICAS
SUITE 1910
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEP Number

58-2658334

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGLEY, MARCIA ESQ.
2255 GLADES ROAD
SUITE 419A
BOCA RATON FL 33431

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State**
Due By September 25, 2002

B. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Managing Member	Joel A. Mael	1350 Ave. of the Americas	New York, NY 10019	<input type="checkbox"/>
Member	Ayelet Mael	90 Washington Avenue	Lawrence, NY 11559	<input type="checkbox"/>
Member	Jonathan Mael	90 Washington Avenue	Lawrence, NY 11559	<input type="checkbox"/>
Member	Daniella Mael	90 Washington Avenue	Lawrence, NY 11559	<input type="checkbox"/>
Member	Jordana Mael	90 Washington Avenue	Lawrence, NY 11559	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature and typed or printed name of existing managing member, manager, or authorized representative

Date

Daytime Phone #

Jonathan Mael
8/1/02 212-399-1795

CR2ED083 (4/02)