

2002* UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010090

1. Entity Name

JSM HOLDINGS L.C.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90024 016 *****50.00

0006270

938825



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE S.E. THIRD AVENUE, SUITE 960 C/O LESLIE ALAN ROZENCWAIG, P.A. MIAMI FL 33131		Mailing Address ONE S.E. THIRD AVENUE, SUITE 960 C/O LESLIE ALAN ROZENCWAIG, P.A. MIAMI FL 33131	
2. Principal Place of Business 40 ONE S.E. THIRD AVENUE Suite, Apt. #, etc. 960		3. Mailing Address 40 ONE S.E. THIRD AVENUE Suite, Apt. #, etc. 960	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country U.S.A.	Zip 33131	Country
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROZENCWAIG, LESLIE ALAN ONE S.E. THIRD AVENUE, SUITE 960 MIAMI FL 33131		7. Name and Address of New Registered Agent Name: LESLIE ALAN ROZENCWAIG, P.A. Street Address (P.O. Box Number is Not Acceptable): SE. 3rd Ave STE 960 City: MIAMI FL Zip Code: 33131	
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: <i>Leslie Alan Rozencwaig</i> DATE: 3/12/02 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOPEL, BERNARDO ONE S.E. THIRD AVENUE, SUITE 960 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

4/9/02 805/5977110

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

Date

Daytime Phone #

CR2E083 (9/01)