

# 2002 UNIFORM BUSINESS REPORT (UBR)

9/30/2002-90174-006-\$50.00-\$50.00

DOCUMENT # L01000010315

1. Entity Name  
JGRM, LLC

FILED

02 OCT 28 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12705 NW 21 PLACE  
CORAL SPRINGS FL 33071

Mailing Address

12705 NW 21 PLACE  
CORAL SPRINGS FL 33071

2. Principal Place of Business

889 RIVERSIDE DR

Suite, Apt. #, etc.

# 128

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

US

3. Mailing Address

889 RIVERSIDE DR

Suite, Apt. #, etc.

# 128

City & State

FT. LAUDERDALE FL

Zip

33312

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOREN, JUDITH H  
12705 NW 21 PLACE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER  
NAME: JUDITH H. GOREN  
STREET ADDRESS: 889 RIVERSIDE DR # 128  
CITY-ST-ZIP: FT. LAUDERDALE, FL 33312

☐ Delete

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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
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☐ Change ☐ Addition

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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:

*JUDITH H. GOREN*

9-23-02

954-675-9393

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

Date

Daytime Phone #

CR2E083 (4/02)