

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90193 039 ***150.00

DOCUMENT # **✓ L01000015072**
1. Entity Name
JMP COMPUTER SOLUTIONS, L.L.C. ✓

DO NOT WRITE IN THIS SPACE

947862

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|---|--|---|--|
| 2. Principal Place of Business 711 E. COCO PLUM CIRCLE Suite, Apt. #, etc. SUITE 5 City & State PLANTATION FLORIDA Zip 33324 Country USA | | 3. Mailing Address 711 E. COCO PLUM CIRCLE Suite, Apt. #, etc. SUITE 5 City & State PLANTATION FLORIDA Zip 33324 Country USA | |
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| DO NOT WRITE IN THIS SPACE | 4. FEI Number 65-1139680 <input checked="" type="checkbox"/> Applied For Not Applicable | |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | 7. Name and Address of Current Registered Agent | |
| | Name JOSE M. PORECO Street Address (P.O. Box Number is Not Acceptable) 711 E. COCO PLUM CIRCLE UNIT 5 City PLANTATION FL Zip Code 33324 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT JOSE M. PORECO 711 E. COCO PLUM CIRCLE UNIT 5 PLANTATION FL 33324 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGER CLAUDIA B PORECO 711 E. COCO PLUM CIRCLE UNIT 5 PLANTATION FL 33324 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE M. PORECO** **04/16/2002** **(954) 901-4754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)