

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90245 036 *****50.00

DOCUMENT # L01000019151

1. Entity Name

JAMD ENTERPRISES, L.L.C.

Principal Place of Business

**4818 VICTORY DR.
 ORLANDO FL 32808**

Mailing Address

**4818 VICTORY DR.
 ORLANDO FL 32808**

905364

2. Principal Place of Business

1285 SEMINOLA BLVD

3. Mailing Address

1285 SEMINOLA BLVD

Suite, Apt., etc.

113

Suite, Apt., etc.

113

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

4. FEI Number

59-3752604

Applied For

Not Applicable

Zip

32707

Country

U.S.A.

Zip

32707

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PANCHAL, DILIP
 4818 VICTORY DR.
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **PANCHAL DILIP**
 Street Address (P.O. Box Number is Not Acceptable)
1285 SEMINOLA BLVD
Suite # 113
 City **CASSELBERRY** **FL** **32707**

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

Dilip Panchal

12/8/02

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **PANCHAL, DILIP**
 STREET ADDRESS **4818 VICTORY DR.**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Dilip Panchal
SIGNATURE REQUIRED

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

1/8/2002 407-696-2900

Date

Daytime Phone #

CR2E083 (9/01)