## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000018133

1. Entity Name

JAMRI LLC



**FILED** Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90300 003 \*\*\*\*50.00

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		1216 S.E. 1ST AVENUE FORT LAUDERDALE FL 33316							
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Place of Business	3	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HE	RE IF MAKIN	G CHANGES	3 -	
City & State		City & State		4. FEI Num	ber	08	<b>⊢</b>	pplied For	
Country		Zip	Count	try				\$5.00 Ac	Iditional
6. Name and Address	of Current Reg	istered Agent			j ∵7.∻Name aπ	d Address of Nev	w Registered		<b>5</b> u
		,		Name					
6 S.E. 1ST AVENUE	Street Address		(P.O. Box Number is Not Acceptable)						
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named entity submits this ions of registered agent.	statement for the	purpose of changing it	ts registere	ed office or register	ed agent, or b	oth, in the State of	Florida. I am	familiar with	and accept
Signature, typed or printed name of r	registered agent and til	tle if applicable. (NC	OTE: Registered	f Agent signature required	when reinstating)	<del> </del>	· DATE		
		FILE N	10W!!! F	EE IS \$50.00					
					nt of State				
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	AVENUE DALE FL 33316  Place of Business  #, etc.  e  Country  6. Name and Address  NBERG, WILLIAM S ESC 6 S.E. 1ST AVENUE RT LAUDERDALE FL 333  named entity submits this ions of registered agent.  Signature, typed or printed name of the second sec	AVENUE DALE FL 33316  Place of Business  #, etc.  # Country  6. Name and Address of Current Reg  NBERG, WILLIAM S ESQ 6 S.E. 1ST AVENUE RT LAUDERDALE FL 33316  mamed entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and tit  MANAGING MEMBERS /  MGRM ISENBERG, WILLIAM S 1300 N.W. 98TH AVENUE	AVENUE DALE FL 33316  Place of Business  3. Mailing Address  #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  NBERG, WILLIAM S ESQ 6 S.E. 1ST AVENUE RT LAUDERDALE FL 33316  named entity submits this statement for the purpose of changing it ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  MANAGING MEMBERS/MANAGERS  MGRM  SENBERG, WILLIAM S 1300 N.W. 98TH AVENUE	AVENUE DALE FL 33316  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  BERG, WILLIAM S ESQ 6 S.E. 1ST AVENUE  TO LAUDERDALE FL 33316  Inamed entity submits this statement for the purpose of changing its registered agent.  Signature, typed or printed name of registered agent and title if applicable.  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  10.  MGRM  ISENBERG, WILLIAM S 1300 N.W. 98TH AVENUE	AVENUE DALE FL 33316  Place of Business  3. Mailing Address  #, etc.  City & State  Country  City & State  Country  6. Name and Address of Current Registered Agent  Name NBERG, WILLIAM S ESQ 8 S.E. 1ST AVENUE  TI LAUDERDALE FL 33316  City  named entity submits this statement for the purpose of changing its registered office or register ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  10.  MGRM ISENBERG, WILLIAM S 1300 N.W. 98TH AVENUE	AVENUE DALE FL 33316  1216 S.E. 1ST AVENUE FORT LAUDERDALE FL 33316  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  5. Certificat  Name  Name  Name  Name  Street Address (P.O. Box Numi  City  named entity submits this statement for the purpose of changing its registered office or registered agent, or b ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  10.  MGRM ISENBERG, WILLIAM S	AVENUE DALE FL 33316  1216 S.E. 1ST AVENUE FORT LAUDERDALE FL 33316  13. Mailing Address  #, etc.    City & State   Check He	AVENUE DALE FL 33316  1216 S.E. 1ST AVENUE FORT LAUDERDALE FL 33316  121ace of Business  3. Mailing Address  3. Mailing Address  4. FEI Number	AVENUE DALE FL 33316  1216 S.E. 1ST AVENUE FORT LAUDERDALE FL 33316  Place of Business  3. Mailing Address #, etc.   CHECK HERE IF MAKING CHANGES    Country   Zip   Country   S. Certificate of Status Desired   S5,00 Acres Required Agent   See Address of Current Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   TLAUDERDALE FL 33316    City   FL   Zip Coc   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   TLAUDERDALE FL 33316    City   FL   Zip Coc   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   The New York   Street Address (P.O. Box Number of Noth, in the State of Florida. I am familiar with lons of registered agent.   Street Address (P.O. Box Number of Noth, in the State of Florida. I am familiar with lons of registered agent.   Street Address (P.O. Box Number of Noth, in the State of Florida. I am familiar with lons of registered agent.   Street Address (P.O. Box Number of Noth, in the State of Florida. I am familiar with lons of registered agent.   Street Address (P.O. Box Number of Noth, in the State of Florida. I am familiar with lons of registered agent.   Street Address (P.O. Box Number of Noth, in the State of Florida. I am familiar with lons of registered agent.   Street Address (P.O. Box Number of Noth, in the State of Florida.   Street Address (P.O. Box Number of Noth, in the State of Florida.   Street Address (P.O. Box Number of Noth, in the State of Florida.   Street Address (P.O. Box Number of Noth, in the State of Florida.   Street Address of Noth, in the State of Florida.   Street Address of Noth, in the State of Florida.   Street Address of Noth, in the State

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