

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90147 034 ***150.00

DOCUMENT # L45367

1. Entity Name
J.A. & M.G., INC.



Principal Place of Business
C/O MICHAEL GAUTIER
18255 S. W. 293 STREET
LEISURE CITY FL 33030

Mailing Address
C/O MICHAEL GAUTIER
18255 S. W. 293 STREET
HOMESTEAD FL 33030
US

2. Principal Place of Business

19701 SW 302 Street

Suite, Apt. #, etc.

3. Mailing Address

19701 SW 302 Street

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33030

Country

City & State

Homestead, FL

Zip

33030

Country

4. FEI Number 65-0171418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GAUTIER, MICHAEL
18255 SW 293 STREET
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name John Accursio

Street Address (P.O. Box Number is Not Acceptable)
19701 SW 302 Street

City

Homestead

FL

Zip Code

33030

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

John Accursio

John Accursio

2/4/03

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAUTIER, MICHAEL
STREET ADDRESS 18255 SW 293 STREET
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE VD
NAME ACCURSIO, SYLVIA
STREET ADDRESS 19701 SW 302ND ST
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE SD
NAME ACCURSIO, JOHN
STREET ADDRESS 19701 SW 302ND ST
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE SD
NAME GAUTIER, MARY
STREET ADDRESS 18255 SW 293 STREET
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Accursio

Date

Daytime Phone #

2/4/03

(305) 245-2510
245-2474

CR2E034 (10/02)