

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90236 049 \*\*\*\*50.00

DOCUMENT # **199000004418**

1. Entity Name

**JPM Properties, LLC**

**DO NOT WRITE IN THIS SPACE**

**943252**

2. Principal Place of Business

**5204 S.W. 87th Ave**

Suite, Apt. #, etc.

3. Mailing Address

**970 SW 68th Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Cooper City Florida**

Zip

**33328**

Country

**USA**

City & State

**Plantation Florida**

Zip

**33317**

Country

**USA**

4. FEI Number

**59-3589500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Medina, Pedro Jr.**

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

**970 SW 68th Ave**

City **Plantation**

**FL**

Zip Code

**33317**

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

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Medina, Pedro Jr.  
5204 SW 87th Ave  
Cooper City FL 33328**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Medina, Joel  
5204 SW 87th Ave  
Cooper City FL 33328**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Medina, Pedro  
5204 SW 87th Ave  
Cooper City FL 33328**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Medina, Migdalia  
5204 S.W. 87th Ave  
Cooper City FL 33328**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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:

**Medina J. Pedro Medina Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-11-02**

Date

**305-913-2680**

Daytime Phone #

CR2E083B (12/01)