

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

MAY 30 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99000008743

DOCUMENT

1. Entity Name
JAM HOLDINGS, LLC

Principal Place of Business
19926 N.E. 36th PLACE
AVENTURA, FL 33180

Mailing Address
19926 NE 36 PL
AVENTURA, FL 33180

2. Principal Place of Business
19926 NE 36 PL
Suite, Apt. #, etc.

3. Mailing Address
19926 NE 36 PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA, FL
Zip
33180
Country
USA

City & State
AVENTURA, FL
Zip
33180
Country
USA

4. FEI Number
65-0970725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/MGR
SCOTT N. BROWN-MGR
19926 NE 36 PLACE
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JODI B. BROWN
19926 NE 36 PLACE
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003291302
-06/15/00-01071-006
*****50.00 *****50.00

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

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

TITLE
NAME
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SCOTT BROWN, Manager/Pres. 3/30/00 510-9600 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)