

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00392

1. Entity Name

JDB HOLDINGS, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 020 ***550.00

Principal Place of Business
C/O Robert L. Jamerson, Jr.
2655 Le Jeune Road, PH II
Coral Gables, FL 33134
US

Mailing Address
C/O Robert L. Jamerson
2655 Le Jeune Road, PH II
Coral Gables, FL 33134
US

00080910

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0039505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jamerson, Robert L., Jr.
2655 Le Jeune Road
Penthouse II
Coral Gables, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brillembourg, Rene	NAME	
STREET ADDRESS	848 Brickell Avenue, Ste. 1205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brillembourg, Elke	NAME	
STREET ADDRESS	848 Brickell Avenue, Ste. 1205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brillembourg, Adelaida	NAME	
STREET ADDRESS	848 Brickell Avenue, Ste. 1205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brillembourg, Tanya	NAME	
STREET ADDRESS	848 Brickell Avenue, Ste. 1205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brillembourg, David D.	NAME	
STREET ADDRESS	848 Brickell Avenue, Ste. 1205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene Brillembourg
RENE BRILLEMBOURG

07/10/00

Date

Daytime Phone #

CR2E034 (9/99)