

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M45016**

1. Entity Name

JMMGT CORPORATION**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90156 017 ***158.75

Principal Place of Business

Mailing Address

~~9040 SW 140 ST.~~**6480 SW 62ND AVE**~~MIAMI FL 33176~~**MIAMI FL 33143****6480 SW 62nd Avenue**
Miami, FL 33143**905334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6480 SW 62 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number **59-2765602**

Applied For

Not Applicable

Zip

33143

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

EVERETT, B.J.
9040 SW 140 STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

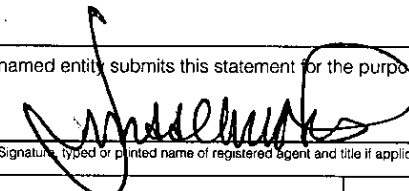
Name

Joseph Middlebrooks

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

6480 SW 62nd AvenueCity
Miami**FL**Zip Code
33143

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  **Joseph Middlebrooks/PST** **January 4, 2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete
NAME **EVERETT, B.J.**
STREET ADDRESS **9040 SW 140 ST.**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☒ Delete
NAME **EVERETT, B.J.**
STREET ADDRESS **9040 SW 140 ST.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Change ☒ Addition
NAME **Middlebrooks, Joseph**
STREET ADDRESS **6480 SW 62 Ave.**
CITY-ST-ZIP **Miami, FL 33143**TITLE **D** ☐ Change ☒ Addition
NAME **Middlebrooks, Joseph**
STREET ADDRESS **6480 SW 62 Ave.**
CITY-ST-ZIP **Miami, FL 33143**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Joseph Middlebrooks****1/4/01 305 661-7594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)