

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17861

1. Entity Name

JAM ( JAZZ AMERICA ) INC.

Principal Place of Business

C/O STEVEN D. GRYB  
10220 CARIBBEAN BLVD.  
MIAMI FL 33189  
US

Mailing Address

10220 CARIBBEAN BLVD.  
MIAMI FL 33189-1528  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0058067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRYB, STEVEN D.  
10220 CARIBBEAN BLVD.  
MIAMI FL 33189

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRYB, STEVEN D.	
STREET ADDRESS	10220 CARIBBEAN BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CITRON, ROB	
STREET ADDRESS	1660 NE 135 ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCARTHY, KEVIN	
STREET ADDRESS	11584 LAKEVIEW DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKINSON, JULIE	
STREET ADDRESS	49 WHITEHEAD CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

*Signature Required* Steven D. Gryb 4/15/00 305-255-1079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90052 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)