

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000588

1. Entity Name

JAMM PROJECT, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90880 002 ****70.00

Principal Place of Business

Mailing Address

4821 N.W. 175TH TERRACE
MIAMI FL 33055

4821 N.W. 175TH TERRACE
MIAMI FL 33055-3632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0520780

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEWIS, STANLEY B
10800 BISCAYNE BLVD
SUITE 645
MIAMI FL 33150

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	WALKER, JESSE	4821 N.W. 175 TERRACE MIAMI FL 33055	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	YOUNG, THEUS PASTOR	200 LESLIE DR #209 HALLANDALE FL 33009	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	PEMBERTON, DAVID ELDER	2520 NW 156 STREET OPA-LOCKA FL 33054	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

(305) 625-5939
Daytime Phone #

CR2EN37 (3/00)