

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90008 010 \*\*\*\*61.25

940010



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N95000002690**

1. Entity Name  
**JLM - HEADQUARTERS, INC.**

Principal Place of Business <b>713 BILTMORE WAY CORAL GABLES FL 33134</b>	Mailing Address <b>713 BILTMORE WAY CORAL GABLES FL 33134-7522</b>
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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 <b>65-0657889</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**SPACE, SANDRA C  
 713 BILTMORE WAY  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 D MOLL, SUSAN J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 713 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE NAME TD HARVEY, LORI	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 713 BILTMORE WAY		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE NAME VD BIANCHI, JULIA R	<input checked="" type="checkbox"/> Delete	TITLE NAME VD Pamela F. Poulos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 713 BILTMORE WAY		STREET ADDRESS 713 Biltmore Way	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, FL 33134	
TITLE NAME PD SCHOLBELOCK, LAURIE	<input checked="" type="checkbox"/> Delete	TITLE NAME PD Susan Pacheco	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 713 BILTMORE WAY		STREET ADDRESS 713 Biltmore Way	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, FL 33134	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **4/18/00** **305-858-0746**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)