

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90154 046 \*\*\*\*61.25

**DOCUMENT # N95000002690**

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

Principal Place of Business      Mailing Address  
**713 BILTMORE WAY**                      **713 BILTMORE WAY**  
**CORAL GABLES FL 33134**              **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**65-0657889**      Not Applicable

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

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOLL, SUSAN J</b>	
STREET ADDRESS	<b>713 BILTMORE WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HARVEY, LORI</b>	
STREET ADDRESS	<b>713 BILTMORE WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PAULOS, PAMELA F</b>	
STREET ADDRESS	<b>713 BILTMORE WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PACHECO, SUSAN</b>	
STREET ADDRESS	<b>713 BILTMORE WAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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]* **DATE** **4/13/01** **DAYTIME PHONE #** **305-858-0746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)