

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032107

1. Entity Name
THE JMK GROUP, INC.

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

04-23-2001 90052 038 ***150.00

Principal Place of Business
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 33304

Mailing Address
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 33304

A0053662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4100 N. POWERLINE RD

3. Mailing Address
4100 N. POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

T1

T1

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
05-0998225

Applied For
Not Applicable

Zip
33073

Country
BROWARD

Zip
33073

Country
BROWARD

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

KARNEY, WILLIAM M ESQ
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 33304

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAIANO, JIM
4100 N POWERLINE ROAD SUITE T-1
POMPANO BEACH FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/PIT
Same ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAIANO, KAREN
4100 N POWERLINE ROAD SUITE T-1
POMPANO BEACH FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VPIS
Same ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

JAMES R. RAIANO

4/16/01

954.979.2420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)