

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0186962

DOCUMENT # P00000047044

03-21-2001 90064 014 ***150.00

1. Entity Name
JM LIQUORS, INC.

Principal Place of Business

Mailing Address

**6211 NW 7TH AVENUE
 MIAMI FL 33150**

**6211 NW 7TH AVENUE
 MIAMI FL 33150**

00027587

2. Principal Place of Business

3. Mailing Address
3300 N. 29TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 102



DO NOT WRITE IN THIS SPACE

City & State

City & State
HOLLYWOOD FL

4. FEI Number
65-1018445

Applied For
 Not Applicable

Zip Country

Zip Country
33020 US

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

**MOORE, JUANITA D
 6211 NW 7TH AVENUE
 MIAMI FL 33150**

Name
GARY HACKER CPA
 Street Address (P.O. Box Number is Not Acceptable)
3300 N. 29TH AVE STE 102
 City
HOLLYWOOD FL Zip Code
33020

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

3/14/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

13. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

Daytime Phone #

CR2E034 (10/00)