

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90134 001 ***150.00

DOCUMENT # P01000012664

1. Entity Name
JMM CONSULTING, INC.



Principal Place of Business
**4858 SW 147TH COURT
MIAMI FL 33185**

Mailing Address
**4858 SW 147TH COURT
MIAMI FL 33185**

2. Principal Place of Business

3. Mailing Address
6262 BIRD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2H

City & State

City & State
MIAMI, FL

Zip

Country

Zip

Country

33155 USA

4. FEI Number **65-1073317**

Applied For

Not Applicable

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

**CORPORATE CREATIONS NETWORK INC.
4858 SW 147TH COURT
MIAMI FL 33185**

Name **GEOVANNY ORTIZ**

Street Address (P.O. Box Number is Not Acceptable)

6262 BIRD ROAD, STE 2H

City **MIAMI**

FL

Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GEOVANNY ORTIZ**

01/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MACHADO, JESUS**
STREET ADDRESS **4858 SW 147TH COURT**
CITY-ST-ZIP **MIAMI FL 33185**

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

TITLE **SECRETARY** ☐ Delete
NAME **GEOVANNY ORTIZ**
STREET ADDRESS **6262 BIRD ROAD, STE 2H**
CITY-ST-ZIP **MIAMI, FL 33155**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: **GEOVANNY ORTIZ**

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/03

Date

305-667-7666

Daytime Phone #

0315345 AV

CR2E034 (10/02)