## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000019918

1. Entity Name

THREE JM MANAGEMENT, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90832 010 \*\*\*150.00

						GOO WE THE	7					
Principal Place of Business 2 SOUTH BISCAYNE BLVD STE 3550 MIAMI FL 33131			2 80	Mailing Address 2 SOUTH BISCAYNE BLVD STE 3550 MIAMI FL 33131								
2 Principal	Place of Busines		la Maite	a - Adda								
2. Thirdpart race of Business			J. Mailir	3. Mailing Address				1 10011001 111 40101 1101 0011 0011 001	[ <b>89</b> 11 <b>98</b> 50	)	O 11091 (60)	
Suite, Apt. #, etc.  City & State			Suite,	Suite, Apt. #, etc. City & State				CHECK HERE IF MAKING CHANGES				
			City &				<b>4.</b> F	4. FEI Number 65-1085109			pplied For	
Zip Country			Zip				<b>5.</b> C	Certificate of Status Desired		\$8.75 Ac	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
LAMONT & NEIMAN PA						Name		··· <del>-</del>				
2 SOUTH BISCAYNE BLVD STE 3550						Street Addre	ess (P.O. Bo	s (P.O. Box Number is Not Acceptable)				
MIAMI F	L 33131	•								•		
					ĺ	City		174	FL	Zip Cod		
8. The abov	e named entity sa ations of registere	ubmits this statement	for the purpos	se of changing its	registere	ed office or regi	istered age	int, or both, in the State of Florid	da. Lami	l iamiliar with,	and accept	
wie delige	accina or ragistere	o agent.										
SIGNATURE		rinted name of registered age	nt and title if applica	able (NOTE	Posisteres	Agent clarety as						
			The articulation is applied	NOTE	negistered	Agent signature req	uired when reir	nstating)	DATE			
Afte	er May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 orida Department						<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing		<b>0</b> May Be I to Fees	
10.		OFFICERS AN	<u></u>	3	11.	<del></del>	ADD	DITIONS/CHANGES TO OFFICE	FRS AND	DIBECTOR	S IN 11	
TITLE	D			☐ Delete	TITLE	-			-110 7110	☐ Change	Addition	
NAME CIRCL ADDRESS	MANN, ERIC				NAME			•		_ ,		
STREET ADDRESS CITY-ST-ZIP	3225 NE 20 AVENTURA					T ADORESS ST-ZIP						
TITLE	D			☐ Delete	TITLE			·		☐ Change	Addition	
NAME STREET ADDRESS	MANN, MAR 3225 NE 201				NAME	I						
CITY-ST-ZIP	AVENTURA					T ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE	·			- w	Change	☐ Addition	
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STREET ADDRESS CITY - ST - ZIP					OTOPE:							
TITLE					CITY-S	T ADDRESS ST-ZIP		•				
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NAME				☐ Delete	CITY-S TITLE NAME	ST-ZIP	<del></del>			☐ Change	Addition	
				☐ Delete	CITY-S TITLE NAME	ST-ZIP	, ,			☐ Change	Addition	
NAME STREET ADDRESS				☐ Delete	CITY-S TITLE NAME STREET	ST-ZIP				☐ Change	☐ Addition	

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 type 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 appears with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITEF

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-9

(SOF) 525-1256

☐ Change

Addition