

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90150-047-\$550.00-\$550.00

0067804 AV

DOCUMENT # P01000025515

1. Entity Name

J.A.M. OF PALM BEACH COUNTY, INC.



FILED

03 SEP 22 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

03

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br>1700 EAST LAS OLAS BLVD.<br>SUITE 206<br>FORT LAUDERDALE FL 33301 |         | Mailing Address<br>1700 EAST LAS OLAS BLVD.<br>SUITE 206<br>FORT LAUDERDALE FL 33301 |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

|  |  |
|--|--|
| 4. FEI Number<br>59-3718124                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>KORN, GARY<br>LEOPOLD, KORN & LEOPOLD, P.A.<br>20801 BISCAYNE BLVD.<br>AVENTURA FL | 7. Name and Address of New Registered Agent<br>Name: MANCINI, JOHN A<br>Street Address (P.O. Box Number is Not Acceptable): 1700 E LAS OLAS BLVD.<br>SUITE 206<br>City: FORT LAUDERDALE FL Zip Code: 33301 |
|---|--|

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: *[Signature]* DATE: 9/9/03

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

|  |   |
|--|---|
| FILE NOW!! FEE IS \$550.00<br>After September 10, 2003 Fee will be \$750.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 0<br>MANCINI, JACK<br>1700 EAST LAS OLAS BLVD., SUITE 206<br>FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* DATE: 9/9/03 DAYTIME PHONE: 954-763-4553

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (4/03)

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