

2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

03/5/765 AV

DOCUMENT # P01000037352

1. Entity Name
J.A.M.C. SERVICES, INC.

FILED

02 OCT 11 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
23359 S.W. 55 WAY C
BOCA RATON FL ~~33312~~ 33433

Mailing Address
23359 S.W. 55 WAY C
BOCA RATON FL ~~33312~~ 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALFONZO, MIGUEL A
23359 S.W. 55 WAY C
BOCA RATON FL 33433

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

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, 2002 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 PD
NAME ALFONZO, MIGUEL A
STREET ADDRESS 23359 S.W. 55 WAY C
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 900008307873-1
STREET ADDRESS -10/10/02--01059--001
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 info empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02 561-4457964

Date

Daytime Phone #

CR2E034 (9/01)

PA sensor

Atchman

J.A.M.C. SERVICES INC

23359 SW 55TH WAY
BOCA RATON FL, 33433
PHONE 561 / 4457964

#101000037352

August 16, 2002

Florida Department Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref the form business Report / Fictitious Name Registration Packet.

This is to request a consideration because ,I sent by mistake the Fictitious Name Registration Packet ,instead of Uniform Business Report .

The check I have sent to you on the month of April ,was returned to me .

The returned check you have sent to me got lost..

Please I request you to consider this situation and let me pay the registration ,attached the check of \$ 150,00.

Thank you for prompt answer and understanding .

Miguel A. Alfonzo



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 6, 2002

J.A.M.C. SERVICES, INC.
23359 S.W. 55 WAY C
BOCA RATON, FL 33433

SUBJECT: J.A.M.C. SERVICES, INC. (1st notice)
Ref. Number: P01000037352

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

~~TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.~~

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 402A00051547