2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 28 AM 10: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046996

1. Entity Name
JGCM REPRESENTATIONS, INC.

Principal Place of Business	Mailing Address
717 SECRET HARBOR LANE #109 LAKE MARY FL 32746	717 SECRET HARBOR LANE #109 LAKE MARY FL 32746

2. Principal Place of Business	3. Mailing Address
1965 Downs CT.	1965 Downs CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, Fl	City & State: Lake Mary, Fl
Zip: 32746 Country: U.S.A	Zip: 32746 Country: U.S.A

DO NOT WRITE IN THIS SPACE
04-17-2002-90093 045 150.00

4. FEI Number: 59-3715572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JAIME A
717 SECRET HARBOR LANE #109
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name: Jaime A. Rico
Street Address (P.O. Box Number is Not Acceptable): 1965 Downs CT
City: Lake Mary FL Zip Code: 32746

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] 04-09-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANCHEZ, JAIME A 717 SECRET HARBOR LANE #109 LAKE MARY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Rico, Jaime A. 1965 Downs CT. Lake Mary, Fl, 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 ON FILE [signature] 04-09-02 (407) 3305974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #