

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000051519

1. Entity Name

JBAM INTERNATIONAL CORP.

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90238 022 \*\*\*150.00

Principal Place of Business  
22805 SW 66TH AVE #205  
BOCA RATON, FL 33428

Mailing Address  
22805 SW 66TH AVE #205  
BOCA RATON, FL 33428

94061429

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-11008146

Applied For  
Not Applicable

Zip Country  
USA

Zip Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

FILHO, JOSE S.  
22805 SW 66TH AVE #205  
BOCA RATON, FL 33428

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, 2004 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	<input type="checkbox"/> Delete
NAME	JUNIOR, ADALCIR M	
STREET ADDRESS	22805 SW 66TH AVE #205	
CITY - ST - ZIP	BOCA RATON, FL 33428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOUZA, OLGA F	
STREET ADDRESS	22805 SW 66TH AVE #205	
CITY - ST - ZIP	BOCA RATON, FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FILHO, JOSE S.	
STREET ADDRESS	22805 SW 66TH AVE #205	
CITY - ST - ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 qualified 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE