## 2003 FOR PROFIT COPPERATION UNIFORM BUSINES REPORT (UBR)

## DOCUMENT# **P01000051519**

**BBAM INTERNATIONAL CORP.** 



Principal Place of 839-S:E. 8TH AVE PALM PLAZA · DEERFIELD BEACH FL 33441 Mailing

839-S.E. 8TH AVE PALM PLAZA

**DEERFIELD BEACH FL 33441** 

FILED

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address			<b>50001179</b> 2/04/030109301	三二 三二 三二 三二 三二 三二 三二 三二 三二 三二 三二 三二 三二 三	.oo		
Suite. Apt #, etc. City & State		Suite, Apt. #, etc.			CHECK HERE I	F MAKING	F MAKING CHANGES		
		City & State	**************************************	1	FEI Number 5-1108146		Applied For Not Applicable		
Zip	Country	Zip	Country				.75 Additional		
•	USA		USA	1	ertificate of Status		e Required		
<u>-</u>	5. Name and Address of Curre	ent Rogistored	بيوست يداد يديسن		lame and Address of Now.	Rogistere	<u> </u>		
FILHO, J	IOSE S		Name	Ame	*				
	8TH AVE		Street Ac	idress (P 0 Bo	k Number is Not Acceptable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PALM PI			(,						
DEERFIELD BEACH FL 33441									
			City	City FL Zip Code					
9 The about	named onlike as built this statement for	the ourness of changing its re	nistared office or real	etered seent o	or both, in the State of Florida	1 6			
o. The above	named entity submits this statement for	ule purpose of chariging its re	gistered onice or regi	siereu agenii. C	or boar, in the State of Florida.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signatur	e required when rei	nstating)	DAT			
	LE NOW!!! FEE IS \$150.00	÷,,.*			1				
	May 1, 2003 Fee will be \$550.00	· •			<ol> <li>Election Campaign Finan Trust Fund Contribution</li> </ol>	cing	\$5.00 may Be		
	eck Payable to Department of Stat	е			110St Fund Contribution	Ш	Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDIT	IONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN 11		
TITLE	PD	☐ Delete	TITLE	1		Cı	nange 🗌 Additio		
NAME	JUNIOR, ALDACIR M		NAME						
STREET ADDRESS	839 S.E. 8TH AVE		STREET ADDRESS						
CITY - ST - ZIP	DEERFIELD BEACH FL 33	441	CiTY - ST - ZIP						
TITLE	VD.	Delete	TITLE			☐ CI	hang 🔲 Addit		
NAME	SOUZA, OLGA F		NAME			-			
STREET ADDRESS	839 S.E. 8TH AVE DEERFIELD BEACH FL 33	AA1	STREET ADDRESS						
CITY - ST - ZIP			CITY - ST - ZIP						
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NAME STREET ADDRESS			NAME STREET ADDRESS						
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13. I Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I turther 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: 🗢

QURE REQUIRED

Date

Daytime Phone #

2002	UNIFORM BUS	INESS REPO	HI (	(DRK)					
DOCU	MENT# <b>P01000</b> 0	51519							
1. Entity Name									
JBAM INT	ERNATIONAL CORP.								
Principal Place	of Risciness	Mailing Address							
839 S.E. 8		839 S.E. 8TH AVE							
PALM PLAZA		PALM PLAZA DEERFIELD BEACH FL 33441							
DEERFIE	LD BEACH FL 33441	DEERFIELD BLA		JUTT 1	***************************************				
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4, FEI Number 65-1108146			Applied For Not Applicable		
Zip	Country	Zip	Count	•	5. Cer	tificate of Status Desired		<b>\$8.75</b> A	
	6. Name and Address of Current	Registered Agent	USA		7. Nan	ne and Address of Now F	Registered		
T O D IA/I		710970100 734111		FILHO, JC				<del></del>	
839 S.E.	NNERS CORP. 8TH AVE			Street Address	s (P 0 Box N	lumber is Not Acceptable)			
PALM PL			}	039 S.E. 0	SIN AVE			w	
DEERFIE	ELD BEACH FL 33441			City				Zip Code	
				DÉERFIE	ELD BEACH FL Zip Code 33441				
8. The above	named entity submits this statement to	r the purpose of changing its re	gistered o	ffice or registered	d agent. or i	both, in the State of Florida	à,		
	UF: Ch2.					<u> </u>			
SIGNATURE .	Signature, typed or printed name of registered age	and table it applicable. (NO	TE: Registere	d Agent signature requ	ared when reins	dating)	DATE		
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00		10. Election Campaign Fi	nancing	\$5.	.00 may Be
Tax filing re (See criteri	equirement and elects to do so.	After May 1, 2 Make Check Paya				Trust Fund Contributi	on		led to Fees
11,		D DIRECTORS	12.			ONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE		1			Change	Addition
NAME	JUNIOR, ALDACIR M 839 S.E. 8TH AVE		NAME STRE	ET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	DEERFIELD BEACH FL 3	3441	.9:	- ST - ZIP					
TITLE	VD	Delete	TITLE					☐ Change	Addition
NAME	SOUZA, OLGA F 839 S.E. 8TH AVE		NAME	ET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	DEERFIELD BEACH FL 3	3441		· ST · ZIP		<u></u>			
TITLE	SD	☐ Delete	TITLE			-		Change	Addition
NAME *	FILHO, JOSE S 839 S.E. 8TH AVE		NAME STRE	ET ADDRESS		• = -	•		
STREET ADDRESS	DEERFIELD BEACH, FL	33441	15	- ST - ZIP					
TITLE		Delete	TITLE					Change	Addition
NAME			NAM!	ET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	*		CITY	- ST - ZIP			•		
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NAME			NAMI STEE	EET ADDRESS					
STREET ADDRESS			8	- ST - ZIP					
TITLE		Delete	mu					Change	Addition
NAME			MAM	Į.					
STREET ADDRESS	3		数	ET ADDRESS - ST - ZIP					
13. I Hereby	certify that the information supplied wi	th this filing does not qualify for	the even	ntion stated in Se	ection 119.0	07 (3)(i), Florida Statutes. I	further cert	ify that the in	nformation
indicated	d on this report or supplemental report progration or the receiver or trustee em	is true and accurate and that mo powered to execute this report							
changed	i, or on an attachment with an address,	with all other like empowered.							
SIGNA	TURE: * JUSTALL	PURE REQUIP	R OR DIRECT	TOR	<u></u>	Date		Daytime Phone	) #
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FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

## JBAM INTERNATIONAL CORP. P01000051519

Our corporation has its articles filed with Florida department of State-Division of Corporation on 05/23/2001. Unfortunately, we never received the first notice, of our 2002 UBR form; and we did not know that we must pay it annual y. This is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 300.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

JOSE/S. FILHO

Director