

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90132 008 ***150.00

DOCUMENT # P01000069679

1. Entity Name
JM-LAZ, INC.

Principal Place of Business
~~342 NE 16TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

Mailing Address
~~342 NE 16TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

2. Principal Place of Business
21477 NW 2nd Ave
 Suite, Apt. #, etc.

3. Mailing Address
21477 N.W. 2nd Ave
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
05-1127255

Applied For
 Not Applicable

Zip
33169 Country
Dade

Zip
33169 Country
Dade

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~TENEIRO, LAZARO~~
~~342 NE 16TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

7. Name and Address of New Registered Agent

Name **Brian H. Wollard**
 Street Address (P.O. Box Number is Not Acceptable)
4481 Shirling Rd.
 City **Ft. Lauderdale** **FL** Zip Code **33314**

8. The above named entity admits 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

TITLE **D** ☒ Delete
 NAME **TENEIRO, LAZARO**
 STREET ADDRESS **342 NE 16TH STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
 NAME **MEDEZ, JACQUELINE**
 STREET ADDRESS ~~342 NE 16TH STREET~~
 CITY-ST-ZIP ~~NORTH MIAMI BEACH FL 33162~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **21477 N.W. 2nd Ave**
 CITY-ST-ZIP **Miami, FL 33169**

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

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

TITLE ☐ Change ☐ Addition
 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)