

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90127 039 \*\*\*150.00

**DOCUMENT # P01000090238**

1. Entity Name  
**JAHMS, INC.**

Principal Place of Business  
 1920 NORTHEAST 194TH STREET  
 NORTH MIAMI BEACH FL 33179

Mailing Address  
 1920 NORTHEAST 194TH STREET  
 NORTH MIAMI BEACH FL 33179

80134694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1136841

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

**HAGER, JOHN S**  
**9837 NORTHWEST 2ND COURT**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HAGER, JANET S</b>
STREET ADDRESS	<b>1920 NORTHEAST 194TH STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>HAGER, JACK</b>
STREET ADDRESS	<b>1920 NORTHEAST 194TH STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/02 (205) 931-3210  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

P 010000 90238

**Jahms, Inc.**  
**1920 N.E. 194<sup>th</sup> Street**  
**N. Miami Beach, FL 33179**

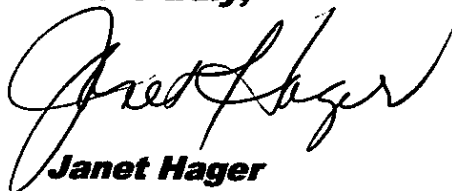
**Division of Corporations**  
**Uniform Business Filings**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

**To whom it may concern:**

**Since I am a relatively new corporation, the only uniform business report sent to me in July. I received this when I returned from vacation in August.**

**Enclosed you will find a check made out to Department of state for the filing fee in amount of \$150.00. Thank you for your cooperation.**

**Yours truly,**

  
**Janet Hager**