8/25/2002-90218-0

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P01000118651

JME OF SOUTH FLORIDA, INC.

| Zip. Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 1. 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Post of Post o | | | | | / | |
|---|--|--|--------------------------------|---|---|-----------------------------|
| PENBROKE PRIES FI, 3004 PENBROKE PRIES FI, 30 | Principal Pla | ice of Business | Mailing Address | | _ - z | |
| 2. Principal Place of Business Sulfa, ApJ #, etc. City & State City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi | | | | | | - |
| Suite, April P. 800 City & State Status Desired Stat | | ا مناع المعاملة المعام | | | | |
| Suite, Apil # 900. Suite, | 2. Principal | Place of Business | 3. Mailing Address | | | |
| City & State City & State City & State City & State City & State Country S. Certificate of Status Desired S. 75 Additional Fee Regulated S. Regulated S. Certificate of Status Desired S. 75 Additional Fee Regulated S. Regula | | | | | | |
| Zic. Country Zip Country S. Conflicate of Status Deared S8.75 Additional S8.7 | Suite, Apt | ; #. etc. | Suite, Apt. #, etc. | _ | DO NOT WRITE IN T | THIS SPACE |
| E. Name and Address of Gurrent Registered Agent 7. Name and Address of Rev Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name | - | te | City & State | | | Applied For Not Applicab |
| NOFIL, JOSEPH K P.A. 3294 N ST RD 7 IAUDEPDALE LAKES FL 33319 City FL Zop Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent or both, in the State of Floride. Signature typed or present and elected to do so. (See criteria on back) Intelligency international indigened spectage and the Fapekable. PATE NOW!!! FEE IS \$150.00 After Mary 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Int. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Detection Changing Financing State of Foreign Additional Contribution. The Water State of Foreign Additional Contribution Contribution. The Water State of Foreign Additional Contribution. The Water State of Foreign Additional Contribution | Zię, | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | | 8. Name and Address of Currer | nt Registered Agent | | 7. Name and Address of New Registe | |
| Sireet Address (P.O. Box Number is Not Acceptable) City | MOER H | OCCUL V D A | | Name | | |
| LAUDERDALE LAKES FL 33319 City FL Zyp 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 Symun. hyadro protect came of improved agent and the flagocable. (NOTE Registered Agent dynature recurred when initiating) After Mary 1, 2002 Fee will be \$550.00 After Mary 1, 2002 Fee will be | | | | Street Addre | ss (P.O. Box Number is Not Acceptable) | |
| Experience of the above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Signature Speakers Experience Speakers Speak | | | | | | |
| B. The above namod entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. SIGNATURE Speaker, hose or protect name of registered speak and tall applicable. Philip requirement and elects to do so | LAUDEAL | WITE TAVES LT 222/8 | -1 | <u> </u> | | |
| SIGNATURE Signature, typed or protect name of ineglatence opens and size if applicable. NOTE Registered Agent dignature required when religitations) P. This corporation is eligible to satisfy its intemplate Tax filtry requirement and elects to do so | | , see | · | City~ | | FL Zip Code |
| Symbles, byte of protest name of injections are continued on the It applicable. (NOTE Requisited Agont signature required whom reinstancy). DATE 9. This corporation is eligible to satisfy its intangible Task filling requirement and elects to do so. ARTHER MOY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BESCHBAUGH, JACQUELYN STREET ADDRESS TITLE MAKE STREET A | 8. The above | named entity submits this statement | for the purpose of changing i | its registered office or regi | stered agent, or both, in the State of Florida. | |
| 9. This corporation is eligible to satisfy its intempible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$55,00 After May 1, 2002 Fee will be \$55,00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME MAKE STREET ADDRESS TIMEST ADDRESS TIMES | SIGNATURE . | Complete based on the control of the | | | · | · |
| Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 (See criteria on back) See Check Payable to Department of State Trust Fund Contribution Added to Fees Add | | arginature, typed or priviled name of registered age | nt and tate if applicable. (NC | TE: Registered Agent signature req | uired when reinstating) (X | NTE . |
| THE MAKE MAKE MAKE TITLE MAKE M | Tax filling i | requirement and elects to do so. | After May 1, 2 | 002 Fee will be \$550.0 | V 1 | |
| WARE STREET ADDRESS INTER ADDR | 11. | OFFICERS AND | DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 11 |
| THE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE | NAME Street address . | ESCHBAUGH, JACQUELYN 1871 BAYBERRY DR | C Detate | NAME STREET ADDRESS | | Change Addition |
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| INLE IMAGE INTE INAME IREET ADDRESS ITY-ST-ZIP INLE I | ame Treet address | | ☐ Delete | TITLE NAME STREET ADDRESS | | ☐ Change ☐ Addition |
| ME NAME STRET ADDRESS TY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition The Control of the corporation or bupplied with this filing does not qualify for 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 in changed, or on an attachment with an address, with all other like empowered. | itle Ame Treet address | | □ Delete | TITLE NAME STREET ADDRESS | | ☐ Change ☐ Addition |
| ITY-ST-ZIP CITY-ST-ZIP Indicated on this report or supplied with this filling 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 logal 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 if Block 11 or Block 12 if Changed, or on an attachment with an address, with all other like empowered. | VME | | Delete | KAME | | Change Addition |
| ME REET ADDRESS IT: ST-ZP It 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 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 if Block 11 or Block 12 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears if Block 11 or Block 12 if the corporation of the corporation or the receiver or trustee empowered. | | | | | | |
| 3. I hereby cartify that the information supplied with this filing does not quality 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 if Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. | ME REET ADORESS | | ☐ Delete | NAME Street Address | | Change Addition |
| | THEET ADDRESS TY-ST-ZP 3. I hereby co- indicated co- of the corp changed, c | oration or the receiver or trustee empor on an attachment with an address, | owered to execute this report | STREET ADDRESS CITY-ST-ZIP or the exemption stated in S my signature shall have the as required by Chapter 64 | | |