

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90153 041 ***150.00

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DOCUMENT # P02000030117

1. Entity Name
JAMES MAH INVESTIGATIVE SERVICES, INC.



Principal Place of Business
**315 SE 7 ST
THE ADVOCATE BUILDING, STE 200
FT LAUDERDALE FL 33301**

Mailing Address
**315 SE 7 ST
THE ADVOCATE BUILDING, STE 200
FT LAUDERDALE FL 33301**

2. Principal Place of Business
5761 SW 38 CT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 291978
Suite, Apt. #, etc.

City & State
DAVIE FL
Zip
33314-2729 Country
BROWARD

City & State
DAVIA FL
Zip
33329-1978 Country
BROWARD

4. FEI Number
450472157 Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GEORGE, JOHN G ESQ
315 SE 7 ST
THE ADVOCATE BUILDING, STE 200
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
JAMES MAH
Street Address (P.O. Box Number is Not Acceptable)
5761 SW 38 CT
City
DAVIE FL Zip Code
33314

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 **James Mah, Director JAMES MAH** DATE **APRIL 15, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAH, JAMES 5761 SW 38 CT DAVIE FL 33314-2729	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES MAH** DATE **APRIL 15, 2003** DAYTIME PHONE # **9544448084**
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)