

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90378 042 ***150.00

DOCUMENT # P02000053124

1. Entity Name
JACMAD, INC.



Principal Place of Business
**6490 COLLINS AVENUE
APT. 4
MIAMI BEACH FL 33141**

Mailing Address
**6490 COLLINS AVENUE
APT. 4
MIAMI BEACH FL 33141**

2. Principal Place of Business
1970 NE 153RD ST

3. Mailing Address
1970 NE 153RD ST.

Suite, Apt. #, etc.
BAY #5

Suite, Apt. #, etc.
BAY #5

City & State
NORTH MIAMI BEACH, FL

City & State
AKA MIAMI BEACH, FL

Zip
33162

Country
MIAMI-DADE

Zip
33162

Country
MIAMI-DADE

4. FEI Number
33-1004820

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

**JIMENEZ, HERBERT
6490 COLLINS AVENUE
APT. 4
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **JIMENEZ, HERBERT**
Street Address (P.O. Box Number is Not Acceptable)
1311 99th ST
City **BAY HARBOR ISLANDS** FL Zip Code **33154**

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 *Herbert Jimenez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/03

DATE

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	PTD	<input type="checkbox"/> Delete
NAME	JIMENEZ, HERBERT	
STREET ADDRESS	6490 COLLINS AVENUE APT. 4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	JIMENEZ, CAROLYN	
STREET ADDRESS	6490 COLLINS AVENUE APT. 4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1311 99th ST.
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1311 99th ST.
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Herbert Jimenez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

Daytime Phone #

CR2E034 (10/02)