

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90157 028 ***150.00

DOCUMENT # P02000066054

1. Entity Name
J.L.M. FINANCIAL SERVICES INC.



Principal Place of Business
**6836 SW 152TH PLACE
MIAMI FL 33193-2215**

Mailing Address
**6836 SW 152TH PLACE
MIAMI FL 33193-2215**



2. Principal Place of Business

3. Mailing Address

11484 SW. 100 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number

021-0623757

Applied For

Not Applicable

Zip **33176** Country **Miami-Dade**

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, JOSE L
6836 SW 152TH PLACE
MIAMI FL 33193-2215**

Name

MARQUEZ, Jose Luis

Street Address (P.O. Box Number is Not Acceptable)

11484 SW. 100 TERR.

City **Miami**

FL

Zip Code **33176**

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]

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MARQUEZ, JOSE L**
STREET ADDRESS **6836 SW 152TH PLACE**
CITY-ST-ZIP **MIAMI FL 33193-2215**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/19/03 (305) 598-6623

CR2E034 (10/02)