

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90150 042 ***150.00

DOCUMENT # P02000117782

1. Entity Name
J.B.M. ASSOCIATES, INC.



Principal Place of Business
2161 OAKMONT TERR.
CORAL SPRINGS FL 33071

Mailing Address
2161 OAKMONT TERR.
CORAL SPRINGS FL 33071

(Y161)

2. Principal Place of Business

2161 OAKMONT TERR

Suite, Apt. #, etc.

3. Mailing Address

2161 OAKMONT TERR

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0839505

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

GREEN, BARBARA
2161 OAKMONT TERR.
CORAL SPRINGS FL 33071

(Y161)

7. Name and Address of New Registered Agent

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

4/16/03

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 **PD** ☐ **Delete**

NAME **GREEN, BARBARA**
STREET ADDRESS **2161 OAKMONT TERR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VST** ☐ **Delete**

NAME **MICALI, JOSEPH**
STREET ADDRESS **2161 OAKMONT TERR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ **Delete**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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:

SIGNATURE REQUIRED

Barbara Green

4/16/03

954 87-8208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)