2002 Uniform Business Report (UBR)

P93000044376 **DOCUMENT #** 1. Entity Name JJMMG, INC. Mailing Address

FILED Mar 28, 2002 8:00 am § Secretary of State 03-28-2002 90035 006 ***150.00

1 1110100111 00	e or busines		Mailing Address								
1140 E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701			1140 E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701								
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			# 100110071 14# 10##0 11141 00141 00#14	######################################	HOLO OLDOB ALAU	##### ### (###	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Çity & State			City & State	City & State			4. FEI Number 59-3189577			Applied For Not Applicable	
Zip		Country	Zip	Countr	у	5. 0	Certificate of Status Desired		\$8.75 Ad	ditional	
	6. Name	and Address of Current	Registered Agent			7. N	Name and Address of New Rec				1
					Name						
ERREDA, AMINA 506 CLUB DR.				Street Address			s (P.O. Box Number is Not Acceptable)				
	s dr. Springs fi	L 32701		F				_			1
				-	City			FL	Zip Cod	le	1
8. The above	named entit	y submits this statement for	or the purpose of changing its	s registered	d office or regis	tered age	ent, or both, in the State of Flori	da.	_ _		-
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature requi	ired when re	einstating)	DATE			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		FILE NOW	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00		1	10. Election Campaign Finan Trust Fund Contribution:	ncing	\$5.0	0 мау Ве		
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-18-02 407-830-0707
Date Daytime Phone #