

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90031 026 \*\*\*150.00

**DOCUMENT # P93000076562**

1. Entity Name  
**JALM, INC.**

Principal Place of Business

**4427 DOGWOOD CIRCLE**  
**WESTON FL 33331**  
**US**  
*222 N 13 AV*  
*Hollywood*  
*FL 33019*

Mailing Address

**4427 DOGWOOD CIRCLE**  
**WESTON FL 33331**  
**US**  
*222 N 13 AV*  
*Hollywood*  
*FL 33019*



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

*222 N 13 AV*

*Hollywood FL*

*33019*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*222 N 13 AV*

*Hollywood FL*

*33019*

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0444292**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, LAMONT P**  
**4427 DOGWOOD CIRCLE**  
**WESTON FL 33331**

7. Name and Address of New Registered Agent

Name **LAMONT P DAVIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
*222 N 13 AV*  
*Hollywood FL*  
 City **FL** Zip Code **33019**

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.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/12/2**

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>DAVIS, LAMONT P</b>	<b>4427 DOGWOOD CIR</b>	<b>WESTON FL 33327</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/12/2**

DAYTIME PHONE # **954 980 7408**

CR2E034 (9/01)