

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91340 040 \*\*\*150.00

DOCUMENT # **P 94000007252**  
 1. Entity Name  
**J M FINANCIAL GROUP, INC**

**00054211**

Principal Place of Business Mailing Address  
**5 ONEIDA LANE**  
**FT. LAUDERDALE, FL 33308**

2. Principal Place of Business 3. Mailing Address  
**5 ONEIDA LANE** **5 ONEIDA LANE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE  
 DATE INCORPORATED: **01/20/1994**

City & State City & State  
**FT. LAUDERDALE FLORIDA** **FT. LAUDERDALE FLORIDA**  
 Zip Country Zip Country  
**33308 USA** **33308 USA**

4. FEI Number Applied For  
**65-0512323** Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FANIZZI, MARY**  
**5 ONEIDA LANE**  
**FT. LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent  
 Name **FANIZZI, MARY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5 ONEIDA LANE**  
 City **FT. LAUDERDALE, FL** Zip Code **33308**

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 *Mary Fanizzi* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NUMBER IS 500**  
**Take Care To Read Instructions**

9. OFFICERS & DIRECTORS, MANAGING MEMBERS & MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FANIZZI, MARY 5 ONEIDA LANE FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate; and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Mary Fanizzi* VP Date **4-21-01** Daytime Phone # **954-568-3000**

CR2ENR (1/98)