

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90103 039 ***150.00

A0051513

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 94000083356

1. Entity Name

JMP-EX Foreign Company
 International, Inc. ✓

Principal Place of Business

Mailing Address

9025 LedgeStone Lane N. Miami Beach,
 Port Richey, FL 34668 FL 33179

2. Principal Place of Business

3. Mailing Address

9025 LedgeStone Ln

18361 NE 4th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Richey

N. Miami Beach

Zip

Country

Zip

Country

FL 34668

FL

FL 33179

FL

4. FEI Number

59-3281625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBERT WOLNIK
 9025 LedgeStone Lane
 Port Richey, FL 34668

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVPS
 Hubert Wolnik
 9025 LedgeStone Ln.
 Port Richey FL 34668 ☐ Delete

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

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-01

Date

12 45 pm

Daytime Phone #

CR2E034 (11/00)