

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019160

1. Entity Name

JAM FACTORY RECORDS, INC.

Principal Place of Business

1080 NW 163RD DR  
MIAMI FL 33169

Mailing Address

1080 NW 163RD DR  
MIAMI FL 33169

2. Principal Place of Business 330

BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE # 700

City & State  
MIAMI, FLORIDA

Zip  
33132

Country  
USA

3. Mailing Address

330 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE # 700

City & State  
MIAMI, FLORIDA

Zip  
33132

Country  
USA

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90027 043 \*\*\*150.00

00017308



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0569134

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

STOLAR, DAVID M  
1350 KANE CONCOURSE  
BAY HARBOR ISLAND FL 33154

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  
D  
BAKULA, GUILLERMO  
1080 NW 163RD DR  
MIAMI FL 33169 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CONCEPCION, JONCE  
1080 NW 165 RD DRIVE  
MIAMI FL 33169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

JONCE CONCEPCION

2-12-01 (305) 620-3600

Date

Daytime Phone #

CR2E034 (10/00)