

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047714

1. Entity Name

J M FINANCIAL SERVICES, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90054 010 ***150.00

Principal Place of Business

9380 SUNSET DR
B-140
MIAMI FL 33173
US

Mailing Address

9380 SUNSET DRIVE
B-140
MIAMI FL 33173
US

2. Principal Place of Business

1045 KANE CONCOURSE
Suite, Apt. #, etc.
#212

3. Mailing Address

1045 KANE CONCOURSE
Suite, Apt. #, etc.
#212

City & State

Bay Harbor, FL

City & State

Bay Harbor, FL

Zip

33154

Country

US

Zip

33154

Country

US

4. FEI Number

65-0612228

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

Name

SUAREZ, JUAN

Street Address (P.O. Box Number is Not Acceptable)

1045 KANE CONCOURSE

#212

City

Bay Harbor

FL

Zip Code

33154

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)

JUAN SUAREZ

1/12/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, JUAN	
STREET ADDRESS	9380 SUNSET DR. STE B-140	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN SUAREZ	
STREET ADDRESS	1045 KANE CONCOURSE #212	
CITY-ST-ZIP	BAY HARBOR, FL. 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

JUAN SUAREZ

Date

1/12/01 (305) 271-5626

Daytime Phone #

CR2E034 (10/00)