

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0206271 AV

**DOCUMENT # P95000047714**

1. Entity Name  
**J M FINANCIAL SERVICES, INC.**



04-14-2003 90416 018 \*\*\*150.00

Principal Place of Business  
**1045 KANE CONCOURSE  
#212  
MIAMI FL 33154  
US**

Mailing Address  
**PO BOX 163705  
MIAMI FL 33116-3705  
US**



2. Principal Place of Business  
**8201 NW 66 ST #6**

3. Mailing Address

Suite, Apt. #, etc.  
**#6**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

4. FEI Number  
**65-0612228**

Applied For  
Not Applicable

Zip  
**33166**

Country  
**DADIE**

Zip

Country

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

**SUAREZ, JUAN  
1045 KANE CONCOURSE  
#212  
MIAMI FL 33154**

Name  
**SUAREZ, JUAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**8201 NW 66 ST**  
**Suite #6**  
City  
**MIAMI** FL Zip Code  
**33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE  
**3/13/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D SUAREZ, JUAN** ☒ Delete  
**1045 KANE CONCOURSE #212**  
**MIAMI FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D SUAREZ, JUAN** ☒ Change ☐ Addition  
**8201 NW 66 ST #6**  
**MIAMI, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**3/13/03**

Daytime Phone #

CR2E034 (10/02)