

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90046 024 ***150.00

DOCUMENT # P90000087320
1. Entity Name
JBm International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>19788 JASMINE DR.</u> Suite, Apt. #, etc.	3. Mailing Address <u>19788 JASMINE DR.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Jupiter, Florida</u>	City & State <u>Jupiter, Florida</u>	4. FEI Number <u>65-0709623</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33469</u>	Country	Zip <u>33469</u>	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MARILYN GROSSMAN</u>
Street Address (P.O. Box Number is Not Acceptable) <u>19788 JASMINE DRIVE</u>
City <u>Jupiter</u> FL Zip Code <u>33469</u>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>P JERRY GROSSMAN 19788 JASMINE DRIVE JUPITER, FLORIDA 33469</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>V MARILYN GROSSMAN 19788 JASMINE DRIVE JUPITER, FLORIDA 33469</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>S BRIAN GROSSMAN 19788 JASMINE DRIVE JUPITER, FLORIDA 33469</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 561-744-1879
Date Daytime Phone #

CR2E034B (12/01)