| 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000093479 | | | | FILED May 01, 2001 08:00 AM | |
|---|--|--|---|--|--------------|
| 1. Entity Name J.A.M. TR | e ANSIT, INC. | | | Secretary of State | |
| Principal Place | e of Business | Mailing Address 2828 NORTHWEST 6 COURT | - | | |
| FT LAUDERDA 33311 | LLE FL US | FORT LAUDERDALE | FL | | |
| 2. Principal Pi | ace of Business | 3. Mailing Address | | • | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | - |
| City & State | | City & State | | 4. FEI Number Applied For 65-0723044 Not Applied by | |
| Zip 33311 | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional | - |
| 33311 | 6. Name and Address of Curr | rent Registered Agent | | Fee Required 7. Name and Address of New Registered Agent | |
| MARSHALI | JOHN A | | Name | | |
| 3370 NW 8T | н ст | | Street Addre | ress (P.O. Box Number is Not Acceptable) | |
| FT. LAUDEI | RDALE | FL | | | _ |
| 33311 | | | City | FL Zip Code | |
| SIGNATURE _ | Signature, typed or printed name of registered a | agent and title if applicable. (NO | TE: Registered Agent signature rec | | - |
| Tax filing re (See criter | ration is eligible to satisfy its Intang equirement and elects to do so. ia on back) | After MAY 1, 2 | (III FEE IS \$150.00 _ 001 Fee will be \$550.0 ble to Department of | 10. Election Campaign Financing \$5.00 May Be | |
| TITLE | PSTD OFFICERS A | AND DIRECTORS Delete | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |] a |
| NAME STREET ADDRESS CITY-ST-ZIP | MARSHALL JOHN ANDI 2828 NORTHWEST 6 COURT FORT LAUDERDALE | | NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | 34 (11/ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | , TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | CR2E0 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SY-ZIP | ☐ Change ☐ Addition | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
| of the cor | ou iuis report of supplemental reni | ort is true and accurate and that empowered to execute this repor | my signature shall have t as required by Chapter | in Section 119.07(3)(i), Florida Statutes. I further certify that the information at the same legal effect as if made under oath; that I am an officer or director or 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if | |
| SIGNAT | | IALL OR PRINTED NAME OF SIGNING OFFICE | OR DIRECTOR | PSTD 05/01/2001 Date Daytime Phone # | - |

Date

Daytime Phone #

JOHN A. MARSHALL PSTD 2828 NORTHWEST 6 COURT

FORT LAUDERDALE, FL 33311

JOHN A. MARSHALL PSTD 2828 NORTHWEST 6 COURT

FORT LAUDERDALE, FL 33311