

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000095593**

1. Entity Name

J.M. FAMILY REAL ESTATE CORP.

Principal Place of Business

100 NW 12TH AVENUE
WORLD OMNI LEGAL DEPT.
DEERFIELD BEACH FL 33441
US

Mailing Address

PO BOX 4007
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0711975

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLANTON, THOMAS
100 NW 12TH AVENUE
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **DP** Delete
NAME **MORAN, PATRICIA**
STREET ADDRESS **100 NW 12TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** Delete
NAME **MORAN, JAMES MICHAEL JR**
STREET ADDRESS **6012 N.W. 31ST WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** Delete
NAME **MCNALLY, ARLINE M**
STREET ADDRESS **1600 THATCH PALM DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **BLANTON, THOMAS K**
STREET ADDRESS **100 NW 12TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

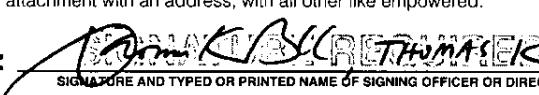
TITLE **D** Delete
NAME **MCNALLY, JOHN**
STREET ADDRESS **1600 THATCH PALM DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

3/22/02 954-429-2566

Date

Daytime Phone #

U885337 AV

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90052 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)