

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

FILED

DOCUMENT # P97000035352

1. Entity Name

J. MICHAELS & COMPANY, INC.

03 JAN 13 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

300010061853  
01/13/03--01097--015 \*\*\$08.75  
**REINSTATEMENT 02-03**  
300010061853  
01/13/03--01097--015 \*\*\$150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1615 SOUTH FEDERAL HIGHWAY

3. Mailing Address  
1615 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number  
65-0747688

Applied For  
Not Applicable

Zip  
33432

Country  
USA

Zip  
33432

Country  
USA

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 JAMES SIDERIS

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

333 NORTHEAST 21ST AVENUE - APT 802

City DEERFIELD BEACH

FL Zip Code  
33441

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

11/27/02

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) ☐

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. ☐ \$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES SIDERIS, PRESIDENT 1615 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300009380993 12/05/02--01085--001 **\$158.75
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ PRESIDENT

11/27/02 877-739-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)