2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000044547

MOORE, RUTHANN

N. MIAMI BEACH, FL 33162

651 NE 176TH ST.

Name:

Address: City-St-Zip:

Apr 10, 2002 8:00 AM Secretary of State

Entity Name: JAM INNOVATIVE INDUSTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 651 NE 176TH ST. N. MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 651 NE 176TH ST N. MIAMI BEACH, FL 33162 FEI Number: 65-0762703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEDZOW, MICHAEL ODESSKY, NEIL 20803 BISCAYNE BLVD., STE. 200 88 NE 168 ST AVENTURA, FL 33180 NORTH MIAMI BEACH, FL 33162 US 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: NEIL ODESSKY 04/10/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MOORE, JAMES A Name: Name: 651 NE 176TH ST. Address: Address: City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MOORE, JAMES A II Name: 651 NE 176TH ST. Address: Address: N. MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A. MOORE 04/10/2002 D