

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90058 021 \*\*\*150.00

DOCUMENT # P97000051318

1. Entity Name

JAM SLAM, INC.

Principal Place of Business

600 NE 31ST STREET #A23  
MIAMI FL 33137

Mailing Address

600 NE 31ST STREET #A23  
MIAMI FL 33137

2. Principal Place of Business

8916 S.W. 11371 Circle

3. Mailing Address

8916 S.W. 11371 Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33137

Country

Zip

33137

Country

USA

4. FEI Number

65-0759850

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-RIOS, JOSE  
600 NE 31ST STREET #A23  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name: Garcia-Rios, Jose  
Street Address (P.O. Box Number is Not Acceptable): 8916 S.W. 11371 Circle  
City: Mia FL Zip Code: 33137

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GARCIA-RIOS, JOSE	
STREET ADDRESS	600 NE 31ST STREET #A23	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZOFF, RICKY	
STREET ADDRESS	CALIE CESAR GONZALEZ	
CITY-ST-ZIP	HATO REY, PUERTO RICO 00918	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia-Rios, Jose	
STREET ADDRESS	8916 SW 113 PL. Circle	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lazoff, Ricardo	
STREET ADDRESS	Estancias de Torrimar	
CITY-ST-ZIP	Palme Real #9, San Juan PR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-01 305)448-9264

016/011

CR2E034 (10/00)