

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051318

Entity Name  
JAM SLAM, INC.

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90009 013 \*\*\*150.00

Principal Place of Business

8916 SW 113 PL CIRCLE E  
MIAMI FL 33176

Mailing Address

8916 SW 113 PL CIRCLE E  
MIAMI FL 33176

973939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3929 Ponce de Leon

Suite, Apt. #, etc.

2ND floor

City & State

Coral Gables FL

Zip

33134 USA

3. Mailing Address

3929 Ponce de Leon

Suite, Apt. #, etc.

2ND floor

City & State

Coral Gables FL

Zip

33134 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

8916 SW 113 PL CIRCLE E

MIAMI FL 33176

7. Name and Address of New Registered Agent

Name RICARDO LAZOFF

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

3929 Ponce de Leon

City Coral Gables FL

Zip 33134

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/2002

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	8916 SW 113 PL CIRCLE E	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZOFF, RICARDO	
STREET ADDRESS	ESTANCIAS DE TORRIMAR	
CITY-ST-ZIP	PALMA REAL #9 SAN JUAN PR	
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	<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
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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 #

8/1/2002 305-4489266

CR2E034 (4/02)

Attachment

# 170000 51318

97393 9

Florida Dept. of State  
Division of Corporations

re: 2002 Uniform Business Report

Dear Sirs,

I spoke to somebody in your office today and they instructed me to write you with the following information: I did not receive the renewal notice because of an incorrect change of address at the post-office. ~~It~~ We moved from 600 NE 31st and the forwarding address was supposed to be: 3929 Ponce de Leon Blvd. 2<sup>nd</sup> floor Coral Gables, FL 33134. Please accept my renewal.

Thank You

JMM-los  
Jose Garcia-Rios  
Pres.