

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90068 026 ***150.00

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DOCUMENT # P97000067325

1. Entity Name

JM AZUR CORPORATION



Principal Place of Business

**916 SE 16TH STREET
DEERFIELD BEACH FL 33441**

Mailing Address

**916 SE 16TH STREET
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0801906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JULIAN, MICHEL

916 SE 16TH STREET

DEERFIELD BEACH FL 33441

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

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JULIAN, MICHEL**
CITY-ST-ZIP **916 SE 16TH STREET
DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

(Signature and typed or printed name of signing officer or director)

7/28/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80134824

INTERNATIONALE FINANCIAL CORP.

Financial Services

6708-B Stirling Road*Davie, FL 33024

Telephone #: 1-(954)-893-5580*Fax #: 1-(954)-893-7448

July 28, 2003

To: Department of State

Ref: Jm Azur Corporation
916 SE 16th Street

Deerfield Beach, FL 33441

Document Number: P97000067325

To Whom It May Concern,

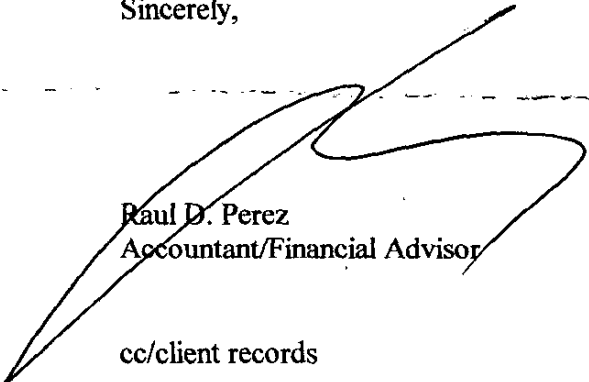
I am asking the State Department to please waive the late fees for the renewal of Jm Azur Corporation in view that they never received the renewal bill prior to April 30, 2003. They just got the Second notice in the mail.

We believe it is not fair for my client to have to pay late fees without receiving the proper billing on time.

Enclosed please find a check for the amount of \$150.00 for the renewal fee for Jm Azur Corporation and I hope that you grant our request.

If you have any questions, please do not hesitate to contact my office.

Sincerely,



Raul D. Perez
Accountant/Financial Advisor

cc/client records