

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90445 032 ***158.75

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DOCUMENT # P97000072151

1. Entity Name
JNS HOLDINGS, INC.



Principal Place of Business
**6260 SW 118 TERRACE
MIAMI FL 33156**

Mailing Address
**6260 SW 118 TERRACE
MIAMI FL 33156**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0781947**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M & W AGENTS, INC.
9100 SOUTH DADELAND BLVD
PENTHOUSE I, STE 1707
MIAMI FL 33156**

Name **Nesie Summers**

Street Address (P.O. Box Number is Not Acceptable)
6260 SW 118 TERRACE

City **Miami**

FL

Zip Code **33156**

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 *Nesie Summers* **Nesie Summers**

2/27/2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SUMMERS, JEROME I DDS**
STREET ADDRESS **6260 SW 118 TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **S/T** ☐ Delete
NAME **Nesie Summers**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition
NAME **Nesie Summers**
STREET ADDRESS **6260 SW 118 TERRACE**
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 *Nesie Summers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/03

Date

305 662-5924

305 667-4920

Daytime Phone #

CR2E034 (10/02)