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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
06-06-2001 90008 008 ***150.00

DOCUMENT # P98000060240

1. Entity Name
Jaimco, Inc.

Principal Place of Business
3732 Cocoplum Circle
Coconut Creek, FL 33063

Mailing Address
3732 Cocoplum Circle
Coconut Creek, FL 33063

[redacted]

2. Principal Place of Business
3732 Cocoplum Circle
Suite, Apt. #, etc.
City & State: Coconut Creek, FL
Zip: 33063 Country: USA

3. Mailing Address
3732 Cocoplum Circle
Suite, Apt. #, etc.
City & State: Coconut Creek, FL
Zip: 33063 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807809
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Corp [redacted] Laurie Wing
3732 Cocoplum Circle
Coconut Creek, FL 33063

7. Name and Address of New Registered Agent
Name [redacted] (Laurie Wing)
Street Address (P.O. Box Number is Not Acceptable)
3732 Cocoplum Circle
City: Coconut Creek FL Zip Code: 33063

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: Laurie Wing DATE: 6/2/01
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Wing, Laurie 3732 Cocoplum Circle Coconut Creek, FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Wing, Christopher 3732 Cocoplum Circle Coconut Creek, FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Laurie Wing Laurie Wing 5/15/01 (954) 935-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

See attached email re: Fee