

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000013960****1. Entity Name**
SJM & CO., INC.**Principal Place of Business****1650 N FEDERAL HWY
BAY 7
POMPANO BEACH FL 33062****Mailing Address****1650 N FEDERAL HWY
BAY 7
POMPANO BEACH FL 33062****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0813420**

Applied For

Not Applicable

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****PARILLO, MARK F
1650 N FEDERAL HWY
BAY 7
POMPANO BEACH FL 33062**

Name

GUTTA, FRANK CPA

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

8211 W BROWARD BLVD

410

City

PLANTATION**FL**Zip Code
33324**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PARILLO, MARK F | NAME | SAMUELS, BRANDON |
| STREET ADDRESS | 1650 N FEDERAL HWY, BAY 7 | STREET ADDRESS | 1625 SE 14 STREET |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | CITY-ST-ZIP | FT LAUDERDALE, FL 33316 |
| TITLE | <input type="checkbox"/> Delete | TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | SAMUELS, ANTHONY |
| STREET ADDRESS | | STREET ADDRESS | 1625 SE 14 STREET |
| CITY-ST-ZIP | | CITY-ST-ZIP | FT LAUDERDALE, FL 33316 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRANDON SAMUELS 3/13/01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)