

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90018 006 \*\*\*150.00

**DOCUMENT # P98000023130**

1. Entity Name  
**JM CREATIONS, INC.**

Principal Place of Business

**8040 NW 36 AVE**  
**MIAMI FL 33047**  
**33147**

Mailing Address

**8040 NW 36 AVE**  
**MIAMI FL 33047**  
**33147**



DO NOT WRITE IN THIS SPACE

~~2. Principal Place of Business~~  
~~206 S Palermo Ave~~  
~~House~~  
~~Orlando, Fla~~  
~~32825~~  
~~USA~~

~~3. Mailing Address~~  
~~206 S Palermo Ave~~  
~~House~~  
~~Orlando, Fla~~  
~~32825~~  
~~USA~~

4. FEI Number **65-0819178** 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

**MEDIAVILLA, JORGE L**  
**8040 NW 36 AVE**  
**MIAMI FL 33047**  
**33147**

*Same Address*

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.

SIGNATURE *[Signature]* DATE **4-12-01**  
(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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PD MEDIAVILLA, JORGE L</b>		NAME:	
STREET ADDRESS: <b>8040 NW 36 AVE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL-33047- 33147</b>		CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VD BRACHE, ALCIDES</b>		NAME:	
STREET ADDRESS: <b>19022 NW 48 AVE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		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:	
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]* DATE: **4-12-01** DAYTIME PHONE #: **305-836-6826**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)