

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90168 034 ***150.00

DOCUMENT # 798000023896

1. Entity Name

JAMT VENTURES INC



Principal Place of Business

Mailing Address

2672 TIMBERCREEK CR.

BOCA RATON FL 33431

90088217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0819111

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAY ROSEN

4598 NW 26TH PL

BOCA RATON FL 33431

Name

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

2672 Timbercreek Cr.

Boca Raton

FL

Zip Code 33431

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 JAY ROSEN, (PRES)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-03

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 PRES.
NAME JAY ROSEN
STREET ADDRESS 4598 NW 26TH PL.
CITY-STATE-ZIP BOCA RATON, FL 33431

TITLE
NAME 2672 Timbercreek Cr.
STREET ADDRESS
CITY-STATE-ZIP Boca Raton, FL 33431

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CITY-STATE-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:

JAY ROSEN.

4-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *