

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025269

1. Entity Name

JAMCO INTERNATIONAL MEDICAL INNOVATION, INC.

Principal Place of Business

1717 NORTH BAYSHORE DRIVE #3854  
MIAMI FL 33132

Mailing Address

1717 NORTH BAYSHORE DRIVE #3854  
MIAMI FL 33132-1172

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

65-0818058

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

SCHWARTZ, MICHAEL  
2435 HOLLYWOOD BLVD #204  
HOLLYWOOD FL 33020

Name

MICHAEL SCHWARTZ

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

2514 Hollywood Blvd Ste 508

City

Hollywood, FL

FL

Zip Code

33020

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, 2000 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MEDICI, JEAN-AIME  
CITY-ST-ZIP 1717 NORTH BAYSHORE DRIVE #3854  
MIAMI FL 33132

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SCHWARTZ, MICHAEL  
CITY-ST-ZIP 2435 HOLLYWOOD BLVD STE 204  
HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT / CEO  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME CFO  
STREET ADDRESS SCHWARTZ, MICHAEL  
CITY-ST-ZIP 2514 Hollywood Blvd Ste 508  
Hollywood, FL 33020

TITLE ☐ Change ☒ Addition  
NAME EXECUTIVE VP  
STREET ADDRESS JAMES WILLIAMS  
CITY-ST-ZIP 1717 NORTH BAYSHORE DRIVE #3854  
MIAMI, FL 33132

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Jan 11 / 00

Date

(305) 372-8860

Daytime Phone

CR2E034 (9/99)

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90010 019 \*\*\*150.00

804382



DO NOT WRITE IN THIS SPACE