

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040932

1. Entity Name

JMR CORPORATION

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90061 044 ***150.00

Principal Place of Business

Mailing Address

1001 NORTH CENTRAL AVENUE
KISSIMMEE FL 34741

1001 NORTH CENTRAL AVENUE
KISSIMMEE FL 34741-4403

001001

2. Principal Place of Business

5747 W. IRLO BRONSON

3. Mailing Address 1001

Suite, Apt. #, etc.

NORTH CENTRAL AVE.

City & State

KISSIMMEE

City & State

KISSIMMEE

4. FEI Number

59-3509669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOQUE, SYED M
1001 NORTH CENTRAL AVENUE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name SYED M HOQUE

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

1001 NORTH CENTRAL AVE

City KISSIMMEE

FL

Zip Code 34741

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 D
NAME HOQUE, SYED M
STREET ADDRESS 1001 NORTH CENTRAL AVENUE
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Syed M Hoque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-00 396-1026

Date

Daytime Phone #

CR20034 (9/99)