

4/9/02-

FILED
May 29, 2002 8:00 am
Secretary of State

04-09-2002 91191 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045132

1. Entity Name

JMTY INVESTMENT GROUP, INC.

Principal Place of Business

6215 S QUEENSWAY DR
 TAMPA FL 33617

Mailing Address

7628 N 56TH ST
 STE 2
 TAMPA FL 33617

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

59-3512819

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

SAAD, YASIN
 6215 S QUEENSWAY DR
 TAMPA FL 33617

Name

Pal Realty

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

5520 E Giddens - Ave

City

Tampa

FL

Zip Code

33610

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

NOOR SALHAB - President

3/31/2002

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, 2002 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

TITLE	DPVP	<input type="checkbox"/> Delete
NAME	SAAD, YASIN	
STREET ADDRESS	6215 S QUEENSWAY DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAAD, YASIN	
STREET ADDRESS	6215 S QUEENSWAY DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SAAD, YASIN	
STREET ADDRESS	6215 S. QUEENSWAY DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 II changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yes - Saad
 YASIN Saad

3-31-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)