

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045757

1. Entity Name

J.A.M. CONSULTING, INC.

FILED

00 AUG -7 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6221 SW 116 PLACE
MIAMI, FLA 33173

6221 SW 116 PLACE
MIAMI, FLA 33173

2. Principal Place of Business

6221-B SW 116 PL

3. Mailing Address

6221-B SW 116 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

MIAMI FL

4. FEI Number

65-0834315

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

GREENWOOD, JASON M.
6221 SW 116 PL
MIAMI FLA 33173

Name

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

6221-B SW 116 PL

City

MIAMI

FL

Zip Code

33173

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JASON A. M. GREENWOOD

7/31/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME GREENWOOD, JASON
STREET ADDRESS 6221 SW 116 PL
CITY-ST-ZIP MIAMI FLA 33173

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6221-B SW 116 PL
CITY-ST-ZIP MIAMI FLA 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

JASON A. M. GREENWOOD

Date

7/31/2000

Daytime Phone #

305-274-1940

CR2E034 (9/99)