

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90278 038 \*\*\*158.75

**DOCUMENT #** P98000 077410  
**1. Entity Name**  
J. L. M. DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**950378**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
2236 BLUE SAPPHIRE CIRCLE  
 Suite, Apt. #, etc.

**3. Mailing Address**  
2236 BLUE SAPPHIRE CIRCLE  
 Suite, Apt. #, etc.

**City & State**  
ORLANDO, FLORIDA  
**Zip**  
32837-6420 **Country**  
USA

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ORLANDO, FLORIDA  
**Zip**  
32837-6420 **Country**  
USA

**4. FEI Number**  
59-3533669

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of C:**

**7. Name and Address of New Registered Agent**

**Name** CAVALCANTI, JOSE REGINALDO

**Street Address (P.O. Box Number is Not Acceptable)**  
2236 BLUE SAPPHIRE CIRCLE

**City** ORLANDO **FL** **Zip Code** 32837-6420

Office or registered agent, or both, in the State of Florida.

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

CHANGED THE ADDRESS ONLY

JOSE REGINALDO AND LUCI

**PTD** ☐ Change ☐ Addition

CAVALCANTI, JOSE REGINALDO  
2236 BLUE SAPPHIRE CIRCLE  
ORLANDO, FL 32837-6420

**VSD** ☐ Change ☐ Addition

CAVALCANTI, LUCI SOUZA  
2236 BLUE SAPPHIRE CIRCLE  
ORLANDO, FL 32837-6420

**D** ☐ Change ☒ Addition

CAVALCANTI, MARIA ELIZABETH  
2236 BLUE SAPPHIRE CIRCLE  
ORLANDO, FL 32837-6420

**D** ☐ Change ☒ Addition

SANTOS, RICARDO SALES  
2236 BLUE SAPPHIRE CIRCLE  
ORLANDO, FL 32837-6420

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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:**

J. Cavalcanti, Jose Reginaldo  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 19/00 (407)-859-8980  
 Date Daytime Phone #

CR2E034 (9/99)