

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088320

1. Entity Name

JAMROB, INC.

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90004 003 \*\*\*150.00

Principal Place of Business

Mailing Address

815 NE 3RD ST  
DANIA FL 33004

815 NE 3RD ST  
DANIA FL 33004-3401

2. Principal Place of Business

3. Mailing Address

Rt 1 Box 73B

Rt 1 Box 73B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jewell

Jewell

Zip

Country

Zip

Country

ga

Hancock

31045

USA

4. FEI Number

APPLIED FOR

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

GORDON, HOWARD W  
100 SE 2ND ST, 17TH FL  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SHAPINO, ALAN  
CITY-ST-ZIP 1850 NE 197TH TERR.  
MIAMI FL 33179

TITLE ☒ Change ☐ Addition  
NAME Rt 1 Box 73B  
STREET ADDRESS Jewell, ga 31045  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME BASSIA, JERRY  
STREET ADDRESS 21150 POINT PLACE #2306  
CITY-ST-ZIP ANENTURA-FL 33180

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

706-465-1385

Date

Daytime Phone #