2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093032

1. Entity Name

JMH HOLDINGS, INC.

BC

rincipal Place	e of Business	Mailing Address			ĺ					
33 SAN SEBASTIAN DRIVE DCA RATON FL 33433 . Principal Place of Business		7233 SAN SEBASTIAN ORIVE BOCA RATON FL 33433-1050 3. Mailing Address				C0034904				
					_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FI	El Number 65-087 9	9518		Applied For		
Zip	Country	Zip	ry	5. C	ertificate of Status Desir	ed [\$8.75 Ac			
	6. Name and Address of Current	Registered Agent		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ame and Address of N	ew Register	ed Agent		
				Name MARK LEICHTER						
	rilawyer Almeria avenue	Street Addres		ss (P.O. Bo	s (P.O. Box Number is Not Acceptable)					
	AL GABLES FL 33134			7233	JAA	SEBASTIAN	J.R			
				City Boc	A R	SEBASTIAN ATON		FL Zip Co	^{de} 334 <i>33</i>	
. The above	named entity submits this statement for	r the purpose of changing it	s registere	d office or regi						
1 1110 40010	2.0			ŭ	_			1		
IGNATURE _	MARCHARDER MA	ARK LEICHTER	2				3/7	/20		
JGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signature rec	uired when rein	nstating)	DA	TE		
3. 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 St			10. Election Campaig Trust Fund Contril	_		00 May Be ed to Fees		
1,	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 11	
TLE AME TREET ADDRESS ITY-ST-ZIP	PSTD LEICHTER, MARK 7233 SAN SEBASTIAN DRIVE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREE					☐ Change		
TLE AME TREET ADDRESS ITY-ST-ZIP	VD LEICHTER, HAYLEY M 7233 SAN SEBASTIAN DRIVE BOCA RATON FL 33433	☐ Delete		L				☐ Change	Addition	
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13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK LEICHTER

561 447 4402 Daylune Phone #

FILED

Mar 09, 2000 8:00 am Secretary of State 03-09-2000 90091 047 ***150.00