

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90009 008 \*\*\*150.00

**DOCUMENT # P98000093032**

1. Entity Name  
**JMH HOLDINGS, INC.**

Principal Place of Business  
**7233 SAN SEBASTIAN DRIVE  
 BOCA RATON FL 33433**

Mailing Address  
**7233 SAN SEBASTIAN DRIVE  
 BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 880502**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BOCA RATON FL**

4. FEI Number **65-0879518**

Applied For  
☐ Not Applicable

Zip

Country

Zip **33488-0502** 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

**LEICHTER, MARK  
 7233 SAN SEBASTIAN DR  
 BOCA RATON FL 33433**

Name **MARK LEICHTER c/- KACH REISS**

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

**4700 SHERIDAN ST BLDG N**

City **HOLLYWOOD** FL Zip Code **33021**

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 *MARK LEICHTER* **MARK LEICHTER**

**4/12/01**

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, 2001 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 **PSTD LEICHTER, MARK**  
 STREET ADDRESS **7233 SAN SEBASTIAN DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
 NAME **VD LEICHTER, HAYLEY M**  
 STREET ADDRESS **7233 SAN SEBASTIAN DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
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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: *MARK LEICHTER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/01**

Date

**561 447 4402**

Daytime Phone #

CR2E034 (10/00)