## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096177  1. Entity Name  JMA VENTURES, INC.						Secretary of State 05-16-2001 90412 049 ***158.75	
Principal Plac	ce of Business	Mailing Address			-		
13200 SW 128 C-1	ST	13200 SW 128 ST C-1				·	
		MIAMI FL 33186 US				t Japaneen had solde kann dann aann bank bank bank bank bank birka birka kann kan isaan kaan kaa	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0894001 Applied For Not Applicable		
Zìp	Country	Zip	Coun	try	5.	Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New Registered Agent	
RASSNER, WAYNE H 7700 NORTH KENDALL DRIVE STE. 510 MIAMI FL 33156			Name Street Address (P.O. Box Number is Not Acceptable)				
			City FL Zip Code				
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			tate	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
TITLE	OFFICERS AND D	Delete	12.		AL	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  The Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BRUNA, ANTONIO E IV 12147 SOUTHWEST 131 AVENUE MIAMI FL 33186		NAME STREE	ET ADDRESS + /3	3	00SW1285/SUITEC-1 MIFL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRUNA, ANTONIO M 12147-SOUTHWEST 191 AVENUE MIAMI FL 33186	Delete		:		© Change ☐ Addition 00 SW 128St SUITE Q-1 AMITE 33186	
NAME STREET ADDRESS CITY-ST-ZIP	DV BRUNA, MIGUEL A 1 <del>2147-SOUTHWEST-131 AVENUE</del> MIAMI FL 33186	□ Delete		ET ADDRESS	35	200 SW 128St SUITE Q-1 9M1 FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT BRUNA, JUAN E 1 <del>2147 SOUTHWEST 13† AVENUE</del> MIAMI FL 33186	☐ Delete		ET ADDRESS /	32 カノ	00 SW 128St SUITE C-1 AMI_ T-2 33/86	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				<b>≰</b> Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				Change ☐ Addition	
indicated	l on this report or supplemental report is tr	ue and accurate and that my	/ signat	ure shall have the	e same	119.07(3)(i). Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date