2001	UNIFORM BUS	INESS REPO	RT	(UBF	3)	F	ILEI)			
DOCUI 1. Entity Nam JAMMED			· ·	Apr 30, 2001 08:00 AM Secretary of State							
Principal Place	re of Business HOLLYBROOK,#210	Mailing Address 9511 NORTH HOLLYBROOK,#21	Mailing Address 9511 NORTH HOLLYBROOK,#210								
PEMBROKE P 33025	PINES FL	PEMBROKE PINES 33025									
	Place of Business HOLLYBROOK	3. Mailing Address 9511 NORTH HOLLYBROOK	3. Mailing Address 9511 NORTH HOLLYBROOK							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. #210				DO I	NOT WRIT	E IN THIS SF	PACE	–	
City & State		City & State PEMBROKE PINES				FEI Number 55-0871665		·		pplied For	أ
Zip 33025	Country	Zip 33025	Coun	itry	-	Certificate of Status	Desired		8.75 Add	itional	1
35025	6. Name and Address of Curren				7.	Name and Address	of New Re		ee Require	<u>d</u>	4
MARGOLESE STEVEN 9511 NORTH HOLLYBROOK,#210					LESE	STEVEN MR. Box Number is Not A			jent		-
PEMBROKE PINES FL 33025				#210	_				T = = .	-	_
				City PEMBRO	OKE PINES			FL	Zip Cod 33025	e	
SIGNATURE _	STEVEN MARGOLE Signature, typed or printed name of registered agen	ESE it and title if applicable. (NOTE:	Registere	d Agent signatur	re required when		tate of Flor	04/30/2	2001		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. Tagina on back)	After MAY 1, 200 Make Check Payable	1 Fee to D	will be \$5	50.00 of State	10. Election Cam Trust Fund C	ontribution		Added	May Be to Fees	
11.	OFFICERS AND		12.			ADDITIONS/CHANGE	S TO OFFI	-]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGOLESE STEVEN 9511 N HOLLYBROKE #210 PEMBROKE PINES	☐ Delete				LESE STEVEN DLLYBROKE #210 KE PINES	MR.		3025	Addition	34 (11)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ¸		-				·	☐ Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Î	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-			1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADORESS -ST-ZIP					Change	Addition	
of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that my	/ SIMMA	fiire chail ha	ava tha com	a legal attact as if mas	io undor o	ath, that I an	a no officer	or director	
SIGNAT		ESE PRINTED NAME OF SIGNING OFFICER OF	R DIRECT	TOR		P 04/30/2	2001	Day	time Phone #		