

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90006 034 ***150.00

00046348

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P. 99000027387**

1. Entity Name

J.S. Com, INC

Principal Place of Business

Mailing Address

**965 NORTH NOB HILL RD
 Ste 107**

**965 N. NOB HILL RD
 Ste 107**

PLANTATION, FL 33324

PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

965 No. NOB Hill RD

2600 N MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

Suite 230

City & State

City & State

PLANTATION, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33324

U.S.A.

33431

U.S.A.

4. FEI Number

Applied For

65-0906612

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

**SPIEGEL + UTRERA, P.A.
 343 ALMIRIA AVE
 CORAL GABLES, FL 33134**

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **PSTD** ☐ Delete
 NAME **TENAM, SIGHAY**
 STREET ADDRESS **965 N NOB HILL RD**
 CITY-ST-ZIP **PLANTATION, FL 33324**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **S Tenam**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGHAY TENAM

4/20/01

Date

561-995-0064

Daytime Phone #

CR2E034 (1/1/00)