

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028158

1. Entity Name

G-JAM, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90121 035 \*\*\*150.00

Principal Place of Business

2806 N UNIVERSITY DRIVE  
SUNRISE FL 33322

Mailing Address

2806 N UNIVERSITY DRIVE  
SUNRISE FL 33322-4724

2. Principal Place of Business

1242 N. University Dr.  
Suite, Apt. #, etc.

3. Mailing Address

1242 N. University Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Plantation FL  
Zip  
33322  
Country  
USA

City & State  
Plantation FL  
Zip  
33322  
Country  
USA

4. FEI Number

65-0909061

Applied For

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

GREENBERG, JOEL E  
2806 N UNIVERSITY DRIVE  
SUNRISE FL 33322

Name

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

1242 N. University Dr

City

Plantation

FL

Zip Code

33322

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

Joel E. Greenberg

Joel E. Greenberg

4/19/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GREENBERG, JOEL E	
STREET ADDRESS	2806 N UNIVERSITY DRIVE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, BURTON D	
STREET ADDRESS	2806 N UNIVERSITY DRIVE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1242 N. University Dr.
CITY-ST-ZIP	Plantation, FL 33322
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1242 N. University Dr.
CITY-ST-ZIP	Plantation, FL 33322
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joel E. Greenberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

954-577-9059

CR2E034 (9/99)