

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90040 024 \*\*\*150.00

**DOCUMENT # P99000030950**

1. Entity Name  
**JDM COMMUNICATIONS, INC.**

Principal Place of Business  
**6440 SW 130TH AVE., #412**  
**MIAMI FL 33183**

Mailing Address  
**6440 SW 130TH AVE., #412**  
**MIAMI FL 33183-1885**

2. Principal Place of Business  
**6636 Sw 139 Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6636 Sw 139 Ave**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State

4. FEI Number  
**65-0907593**

Applied For  
 Not Applicable

Zip  
**33183**

Country  
**USA**

Zip Country

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**

**MORA, JUAN M**  
~~6440 SW 130TH AVE., #412~~ **6636 Sw 139 Ave**  
**MIAMI FL 33183**

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

DATE **3-27-2000**

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  Delete  
**PD**  
 NAME **MORA, JUAN**  
 STREET ADDRESS **6440 SW 130TH AVE., #412 6636 Sw 139 Ave**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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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: **JUAN MORA PRESIDENT** **3-27-2000** **(305) 321-6440**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)