

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90013 039 \*\*\*150.00

**DOCUMENT # P99000032996**

1. Entity Name  
**JLM COMPUTER SUPPLIES, INC.**

Principal Place of Business  
**P O BOX 547158  
 SURFSIDE FL 33154**

Mailing Address  
**P O BOX 547158  
 SURFSIDE FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0910808**

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

**LOURDES, MARIA  
 2197 NE 122 ST  
 N MIAMI FL 33181**

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: \_\_\_\_\_ (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 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  
 NAME **D LOURDES, MARIA**  
 STREET ADDRESS **2197 NE 122 ST.**  
 CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE ☒ Delete  
 NAME **D SABAN, EZRA**  
 STREET ADDRESS **3350 NE 192 ST. B-1C**  
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Delete  
 NAME **DTS ARMITAGE, MELVIN E**  
 STREET ADDRESS **10185 COLLINS AVE. #505**  
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE ☐ Change ☐ Addition  
 NAME **DTS ARMITAGE, MELVIN E.**  
 STREET ADDRESS **9490 E BAY HARBOR DR. #204**  
 CITY-ST-ZIP **BAY HARBOR ISLANDS, FL 33154**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D Snyder, Leon**  
 STREET ADDRESS **2197 NE 122 ST**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**N.E. ARMITAGE**

Date

**2/19/01**

Daytime Phone #

**305-888-7100**

CR2E034 (10/00)