2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 27, 2001 8:00 am DOCUMENT # P99000042276 **Secretary of State** JVM ENTERPRISES, INC. 03-27-2001 90004 027 ***150.00 Principal Place of Business Mailing Address 2759 MARSH WREN CIRCLE 2759 MARSH WREN CIRCLE LONGWOOD FL 32779 LONGWOOD FL 32779 937223 2. Principal Place of Business 3. Mailing Address 4106 WEST LAKE MARY BLVD. 4106 WEST LAKE MARY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #224 City & State City & State 4. FE! Number Applied For 59-3577575 LAKE MARY FLORIDA LAKE MARY FLORIDA Not Applicable Country -(USA) Country - USA \$8.75 Additional 5. Certificate of Status Desired SEMINOLE CO. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEHTA, VIKRAM MEHTA, VIKRAM P Street Address (P.O. Box Number is Not Acceptable) 2759 MARSH WREN CIRCLE LONGWOOD FL 32779 4106 WEST LAKE MARY BLYD., #224, KEMBRY 8. The above named entity supports 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete MEHTA, VIKRAM P. 4106 WEST LAKE MARY BLVD. # 224, NAME MEHTA, VIKRAM P NAME STREET ADDRESS STREET ADDRESS 2759 MARSH WREN CIRCLE LAKE MARY FL-32746. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. It 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 adverses, with all other like empowered.