FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 APR 28 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066255

1. Entity Name
THE JMJ GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 7th LANE
Suite, Apt. #, etc.
S-720
City & State
PALM BEACH GARDENS FL
Zip
33418-3533
Country
Palm Beach

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip
SAME
Country
SAME

DO NOT WRITE IN THIS SPACE

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4. FEI Number
65-0934262
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
City
MIAMI
FL
Zip Code
33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, TREAS, SECRETARY
NAME	JOSEPH M JENKS
STREET ADDRESS	720 7th LANE
CITY-ST-ZIP	PALM BEACH FL, 33418-3537

400032463824
04/12/04--01051--003 **150.00

DO NOT WRITE IN THIS SPACE

12. 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 the 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

2