

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90365 024 ***150.00

DOCUMENT # P99000107625

1. Entity Name

JFM GROUP, INC.

Principal Place of Business

**3765 TURTLE RUN BLVD STE 1713
CORAL SPRINGS FL 33067**

Mailing Address

**808 CYPRESS BLVD
#103
POMPANO BEACH FL 33069**

2. Principal Place of Business

808 CYPRESS BLVD

Suite, Apt. #, etc.

103

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

Zip

33069

Country

USA

Country

4. FEI Number

65-0968872

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

FLORES, JOSE

**3765 TURTLE RUN BLVD STE 1713
CORAL SPRINGS FL 33067**

Name

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

808 CYPRESS BLVD #103

City

POMPANO BEACH

FL

Zip Code

33069

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 **JOSE FLORES**

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, 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

TITLE **D** ☐ Delete
NAME **FLORES, JOSE**
STREET ADDRESS **3765 TURTLE RUN BLVD STE 1713**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☒ Delete
NAME **BERLINEL, RANDY**
STREET ADDRESS **3765 TURTLE RUN BLVD STE 1713**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VP** ☐ Delete
NAME **FLORES, ALBERTO**
STREET ADDRESS **808 CYPRESS BLVD #103**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

4-24-2001 (950) 501-6100
Date Daytime Phone #

CR2E034 (10/00)