

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90289 016 \*\*\*150.00

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**DOCUMENT # P99000107625**

1. Entity Name  
**JFM GROUP, INC.**



Principal Place of Business  
**5703 N. ANDREWS WAY  
FORT LAUDERDALE FL 33309**

Mailing Address  
**808 CYPRESS BLVD  
#103  
POMPAÑO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address  
**3564 LAKEWOOD PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**COCONUT CREEK FL**

Zip

Country

Zip  
**33073**

Country  
**USA**

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  
808 CYPRESS BLVD  
#103  
POMPAÑO BEACH FL 33064**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3564 LAKEWOOD PLACE**  
City **COCONUT CREEK FL** Zip Code **33073**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FLORES, JOSE**  
STREET ADDRESS **808 CYPRESS BLVD.**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **3564 LAKEWOOD PLACE**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **3564 LAKEWOOD PLACE**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-03**

Date

**(954) 489-9940**

Daytime Phone #

CR2E034 (10/02)