

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90001 003 \*\*\*150.00

**DOCUMENT # S17914**

1. Entity Name

**J.A.M. CONTRACTING SERVICE, INC.**

Principal Place of Business

Mailing Address

~~7600 W. COMMERCIAL BLVD~~  
~~FT. LAUDERDALE FL 33310~~

~~7600 W. COMMERCIAL BLVD~~  
~~FT. LAUDERDALE FL 33310~~

2. Principal Place of Business

3. Mailing Address

*5405 Northwest 102nd Ave*

*5405 Northwest 102nd Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Box # 216*

*Box # 216*

City & State

City & State

*Sunrise, FL*

*Sunrise, FL*

Zip

Country

Zip

Country

*33351*

*Broward*

*33351*

*Broward*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERCOLINO, JOHN**

~~18000 SE CORAL REEF LANE~~  
~~JUPITER FL 33450~~

*8043 Bellsore Way*  
*Boynton Beach FL 33437*

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

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, 2002 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 **T**  
STREET ADDRESS **DELLA PENNA, MADALEEN**  
CITY-ST-ZIP **7130 WOODMONT WAY**  
**TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition  
NAME *304 - Towne House Village*  
STREET ADDRESS *HAUPTAUHE, N.Y. 11788*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DELLA PENNA, PATRICK**  
CITY-ST-ZIP **7130 WOODMONT WAY**  
**TAMARAC FL 33321**

TITLE ☒ Change ☐ Addition  
NAME *304 - Towne House Village*  
STREET ADDRESS *HAUPTAUHE, N.Y. 11788*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DELLA PENNA, PAUL**  
CITY-ST-ZIP **22005 AQUA CT**  
**BOCA RATON FL 33428**

TITLE ☒ Change ☐ Addition  
NAME *1335 WOODROW WAY*  
STREET ADDRESS *WELLINGTON, FL 33414*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **CAPANELLI, ALYSSA**  
CITY-ST-ZIP **1 HORSHOE LANE**  
**COMMACK NY 11725**

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **DELLA PENNA, MICHAEL**  
CITY-ST-ZIP **17 HUNTINGTON RD.**  
**GARDEN CITY NY 11530**

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:

*Paul Della Penna* **PAUL DELLA PENNA**

Date

Daytime Phone #

*2/14/02* **954-746-4445**

CR2E034 (9/01)