

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90281 045 \*\*\*150.00

**DOCUMENT # M98578**

1. Entity Name  
**JEMJ FINANCIAL SERVICES, INC.**

Principal Place of Business

9350 S. DIXIE HWY  
 1220  
 MIAMI FL 33156  
 US

Mailing Address

9350 S. DIXIE HWY  
 1220  
 MIAMI FL 33156  
 US

2. Principal Place of Business

**2701 S. Bayshore Dr.**  
 Suite, Apt. #, etc.  
**Suite 610**

3. Mailing Address

**2701 S. Bayshore Dr.**  
 Suite, Apt. #, etc.  
**Suite 610**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-0273041**

Applied For

Not Applicable

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**MORALES, BLANCA**  
**9350 S. DIXIE HIGHWAY**  
**SUITE 1220**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Barker, Blanca**  
 Street Address (P.O. Box Number is Not Acceptable) **2701 S. Bayshore Drive**  
**Suite 610**  
 City **Miami** **FL** Zip Code **33133**

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 **B. Barker Blanca Barker** **4/30/02**  
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BINDER, JEFF</b>	
STREET ADDRESS	<b>8950 SW 117TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>BINDER, LEE</b>	
STREET ADDRESS	<b>8950 SW 117TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>MORALES, BLANCA</b>	
STREET ADDRESS	<b>11280 SW 40 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, BLANCA</b>	
STREET ADDRESS	<b>2701 S. Bayshore Drive #610</b>	
CITY-ST-ZIP	<b>Miami, FL 33133</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **S. Barker REQU Blanca Barker** **4/30/02** **305-858-4444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0210319 AV CR2E034 (9/01)