

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90244 032 ***150.00

0330492 AV

DOCUMENT # P01000025734
1. Entity Name
JAMAICALISTINGS.COM, INC.

Principal Place of Business
9280 N W 21ST MANOR
SUNRISE FL 33322
Mailing Address
9280 N W 21ST MANOR
SUNRISE FL 33322

361819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9280 NW 21st Manor
Suite, Apt. #, etc.

3. Mailing Address
City & State
Sunrise Florida
Zip
33322
Country

4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENJAMIN, ARLENE
9280 N W 21ST MANOR
SUNRISE FL 33322

7. Name and Address of New Registered Agent
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

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include Benjamin, Leo and Hudson, George with fields for Title, Name, Street Address, and City-ST-ZIP.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows for additional officers/directors.

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: Leo Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/29/02
Daytime Phone #: 954 336-5343

CR2E034 (9/01)