

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90239 032 ***150.00

DOCUMENT #

1-Entity Name

Handwritten: P93000062557
DE JEM Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Handwritten: 6459/69 SW 12th Ave

Suite, Apt. #, etc.

3. Mailing Address

Handwritten: 3585 SW 128th Ave

Suite, Apt. #, etc.

City & State

Handwritten: Miami FL

City & State

Handwritten: Miami FL

4. FEI Number

Handwritten: 65-0437853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Handwritten:* Emilio Lugo

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

Handwritten: 3585 SW 128th Ave

City

Handwritten: Miami

FL

Zip Code

Handwritten: 33175

**DO NOT WRITE
IN THIS SPACE**

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

Handwritten: Emilio Lugo

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

Handwritten: Emilio Lugo

(NOTE: Registered Agent signature required when re-registering)

Handwritten: 6-14-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Handwritten: LUGO, OLYMPIA
3585 SW 128th Ave
Miami, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Handwritten: Emilio LUGO
3585 SW 128th Ave
Miami, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Handwritten: CM
LUGO, DIMITIS
3585 SW 128th Ave
Miami, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

Handwritten: DM
LUGO, EMILIO
3585 SW 128th Ave
Miami, FL 33175

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten: Emilio Lugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten: 4-25-02

Date

Handwritten: 305-554-6544

Daytime Phone #

CR2E034B (12/01)