
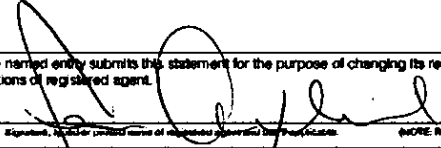
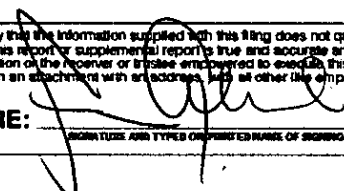


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000098668					
1. Entity Name JEROME ALEXANDER GLOBAL, INC.					
Principal Place of Business 1897 N.E. 146TH STREET NORTH MIAMI, FL 33181			Mailing Address 1897 N.E. 146TH STREET NORTH MIAMI, FL 33181		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0988382	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AXELROD, BERIN 9600 WEST BAY HARBOR DR. APT. #5-A BAY HARBOR ISLANDS, FL 33154			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 			DATE		
[REDACTED]			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AXELROD, BERIN		NAME		
STREET ADDRESS	9600 WEST BAY HARBOR DR., APT. 6A		STREET ADDRESS		
CITY-STATE-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-STATE-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AXELROD, JEROME		NAME		
STREET ADDRESS	10205 COLLINS AVE., APT. 1005		STREET ADDRESS		
CITY-STATE-ZIP	BAL HARBOUR, FL 33154		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, but not otherwise empowered.					
SIGNATURE: 			Date: 5-21-03 3057949-2743		
PRINT TITLE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Default Phone #		

CR20034 (10/02)