

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90072 027 \*\*\*150.00

**DOCUMENT #** K57494

1. Entity Name  
JAMEX, INC

**DO NOT WRITE IN THIS SPACE**

420324

2. Principal Place of Business  
EPS A-537, PO BOX 025256

3. Mailing Address  
EPS-A537, P.O. BOX 02-5256

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-0260774

Applied For  
Not Applicable

Zip Country  
33102-5256 -- USA

Zip Country  
33102-5256 USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ILEANA AYBAR

Street Address (P.O. Box Number is Not Acceptable)  
905 S. Bayshore Drive Unit 1723

City Miami FL Zip Code 33131

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

*Ileana de Aybar*

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

(NOTE: Registered Agent signature required when reinstating)

*Feb 25/2002*

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	P.D. AYBAR, MIGUEL ANDRES AVE. SAN MARTIN No.98 SANTO DOMINGO;D.R.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. AYBAR, PEDRO AVE. SAN MARTIN No.98 SANTO DOMINGO;D.R.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. DE LLENAS, ILEANA AVE. SAN MARTIN No.98 SANTO DOMINGO;D.R.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 persons empowered.

SIGNATURE:

ILEANA DE LLENAS, FEBRUARY 25, 2002 809-565-8861