

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90115 048 ***150.00

DOCUMENT # 579029

1. Entity Name
JEDMAR CORPORATION

Principal Place of Business 1600 SE 3 CT DEERFIELD BCH FL 33441	Mailing Address 1600 SE 3 CT DEERFIELD BCH FL 33441
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1860249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SAGER, JEFFREY EDWARD~~
~~1600 SE 3 CT~~
~~DEERFIELD BEACH FL 33441~~

7. Name and Address of New Registered Agent

Name: **JULIO PAVONE**
 Street Address (P.O. Box Number is Not Acceptable): **1646 S.E. 3RD CT.**
 City: **DEERFIELD BEACH, FL** Zip Code: **33441**

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:  DATE: **1-2-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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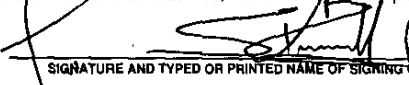
11. OFFICERS AND DIRECTORS

TITLE: PTD	<input checked="" type="checkbox"/> Delete
NAME: SAGER, JEFFREY EDWARD	
STREET ADDRESS: 1600 SE 3 CT	
CITY-ST-ZIP: DEERFIELD BCH, FL 00000	
TITLE: VSD	<input checked="" type="checkbox"/> Delete
NAME: SAGER, CHERI	
STREET ADDRESS: 1600 SE 3 CT	
CITY-ST-ZIP: DEERFIELD BEACH FL	
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: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SILENIO TURSI	
STREET ADDRESS: 5450 N. OCEAN BLVD. #39	
CITY-ST-ZIP: FT. LAUDERDALE, FL 33308	
TITLE: S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MIREN TURSI	
STREET ADDRESS: 5450 N. OCEAN BLVD #39	
CITY-ST-ZIP: FT. LAUDERDALE, FL 33308	
TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ELVA TURSO	
STREET ADDRESS: 5450 N. OCEAN BLVD #39	
CITY-ST-ZIP: FT. LAUDERDALE, FL 33308	
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:  (SILENIO TURSI - PRES) DATE: **1-2-01** (954) 235-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0310185

CR2E034 (10/00)