

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 579029**

1. Entity Name

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

04-04-2001 90115 048 ***150.00

0310185

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



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
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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

1-2-019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD <input checked="" type="checkbox"/> Delete	NAME SAGER, JEFFREY EDWARD	TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SILENIO TURSI
STREET ADDRESS 1600 SE 3 CT	CITY-ST-ZIP DEERFIELD BCH, FL 00000	STREET ADDRESS 5450 N. OCEAN BLVD. #39	CITY-ST-ZIP FT. LAUDERDALE, FL 33308
TITLE VSD <input checked="" type="checkbox"/> Delete	NAME SAGER, CHERI	TITLE S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MIREN TURSI
STREET ADDRESS 1600 SE 3 CT	CITY-ST-ZIP DEERFIELD BEACH FL	STREET ADDRESS 5450 N. OCEAN BLVD #39	CITY-ST-ZIP FT. LAUDERDALE, FL 33308
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ELVA TURSO
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 5450 N. OCEAN BLVD #39	CITY-ST-ZIP FT. LAUDERDALE, FL 33308
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(SILENIO TURSI - PRES) 1-2-01 (954) 235-2477

CR2E034 (10/00)