FILED
Jul 16, 2002 8:00 am
Secretary of State
05-03-2002 90171 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

38824

DO NOT WRITE IN THIS SPACE

DOCUMENT # 612130

1. Entity Name
JORME CORPORATION

Principal Place of Business	Mailing Address
351 NW LEJEUNE ROAD MIAMI FL 33134	351 NW LEJEUNE ROAD 203 MIAMI FL 33126 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	351 N.W. LeJeune Rd. Suite, Apt. #, etc. Suite 600
City & State	City & State Miami, Fl.
Zip / Country	Zip 33126 / Country US

4. FEI Number 59-1948443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, ANA C ESQ. MISHAN, SLOTO & GREENBERG, P.A. 200 S. BISCAYNE BLVD., SUITE 2350 MIAMI FL 33131	Name: Alan M. Burger, Esq. Street Address (P.O. Box Number is Not Acceptable) Burger & Trailor, P.A. 8603 So. Dixie Hwy #303 City: Miami FL Zip Code: 33143

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

9. 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, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	PD SOLORZANO, MADELAINE 351 NW LEJEUNE RD. MIAMI FL 33126	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☒ Change ☐ Addition 351 NW LeJeune Rd. #600 Miami, Fl. 33126
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	SD NIN, FREDERICK L 351 NW LEJEUNE ROAD 203 MIAMI FL 33126	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☒ Change ☐ Addition 351 N.W. LeJEune Rd. #600 Miami, Fl. 33126
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	TD SANCHEZ-MEDINA, ROLAND JR 644 ZAMORA AVE CORAL GABLES FL 33134	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Roland Sanchez-Medina Jr. TREASURER April 9, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #