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

## **DOCUMENT #** F49903

## May 05, 2003 8:00 am & Secretary of State 05-05-2003 90141 021 \*\*\*150.00

JESMAR	OF MIAMI, INC.						00 00 <b>2</b> 00 <b>2</b> 1		<b>21</b> 10		
Principal Place of Business 6500 NW 92ND AVE MIAMI FL 33166		8500 NW	Mailing Address 8500 NW 82ND AVE MIAMI FL 33166								
2. Principal F	Place of Business	3. Mailing	Address							(  <b>1</b>	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Star	te	City & S	State			4. FEI Number	59-2147926			Applied For Not Applicable	]
Zip	Country	Zip	·	Coun	try	5. Certificate o	f Status Desired		\$8.75 / Fee Requ	Additional iired	
	6. Name and Address of	Current Registered A	\gent			7. Name and A	ddress of New F	legistered	Agent		1
VILLAFAN	A, CELIA				Name Street Address I	(P.O. Box Number	is Not Acceptable				
6500 NW Miami Fl	82ND AVE					(I.o. Box Hamber	15 1401 / 1500 (5145)	<del>-</del>			$\downarrow$
***************************************	:	•			City		<del></del>	FL	Zip C	ode	1
	e named entity submits this state tions of registered agent.	ement for the purpose	of changing its	registere	ed office or register	red agent, or both	in the State of Fk	orida. I am	familiar wi	th, and accept	
SIGNATURE	i i i i i i i i i i i i i i i i i i i		•								
3.47.11.11.31.12	Signature, typed or printed name of registi	ered agent and title if applicab	le. (NOTE	Registered	d Agent signature required	d when reinstating)		DATE			
·	Signature, typed or printed name of regist		le. (NOTE	Registered	d Agent signature required	d when reinstating)		DATE			
- F	Signature, typed or printed name of registable NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$100 k Payable to Florida Depart	.00 550.00	le. (NOTE	Registered	d Agent signature required	9. Elec	tion Campaign Fir t Fund Contributio	nancing		.00 May Be	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>C</u>