

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # **15722** (ORIGINAL NUMBER)

1. Entity Name

Jademar Corporation

F99000002909

FILED
May 18, 2000 8:00 am
Secretary of State

04-24-2000 90170 018 ***150.00

Principal Place of Business
10125 NW 116th Way
Suite 10
Miami, FL 33178

Mailing Address
10125 NW 116th Way
Suite 10
Miami, FL 33178

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

403529

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1615895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Gary de Martino
6112 NW 124th Drive
Coral Springs, FL 33076

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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  (NOTE: Registered Agent signature required when reinstating)
DATE 5/12/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

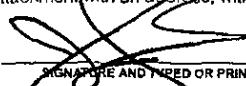
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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	Pres. & Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Joseph de Martino, Jr.		NAME		
STREET ADDRESS	6157 NW 124th Drive		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		CITY-ST-ZIP		
TITLE	Exec.V.P. & Secretary	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Gary de Martino		NAME		
STREET ADDRESS	6112 NW 124th Drive		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:



Joseph de Martino, Jr. 4/14/00

305.888-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)