

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K57494**

1. Entity Name

JAMEX INC.

Principal Place of Business

EPS A 537, P.O. BOX 02-5556
MIAMI FL 33102-5256

Mailing Address

EPS A 537, P.O. BOX 02-5556
MIAMI FL 33102-5556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0260774

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

**ALVAREZ, CARMEN
90 EDGEWATER DR
APT 1012
CORAL GABLES FL 33133**

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	AYBAR, MIGUEL ANDRES	AVE SAN MARTIN #98	SANTO DOMINGO, D.R.				
	VD						
	AYBAR, PEDRO	AVE SAN MARTIN #98	SANTO DOMINGO, D.R.				
	SD						
	DE LLENAS, ILEANA	AVE SAN MARTIN #98	SANTO DOMINGO, D.R.				

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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ileana de Llenas Sec. 1/17/00 565-8861

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90125 002 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)