2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90072 027 ***150.00

DOCUMENT # K57494

1. Entity Name
JAMEX, INC

420324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
EPS A-537, PO BOX 025256	EPS-A537, P.O.BX 02-5256	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA	4. FEI Number: 65-0260774 ☐ Applied For ☐ Not Applicable
Zip: 33102-5256 Country: USA	Zip: 33102-5256 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ILEANA AYBAR

Street Address (P.O. Box Number is Not Acceptable): 905 S. Bayshore Drive Unit 1723

City: Miami **FL** Zip Code: 33131

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: Ileana de Aybar — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: Feb 25/2002

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P;D;	TITLE	
NAME	AYBAR, MIGUEL ANDRES	NAME	
STREET ADDRESS	AVE. SAN MARTIN No.98	STREET ADDRESS	
CITY-ST-ZIP	SANTO DOMINGO;D.R.	CITY-ST-ZIP	
TITLE	V.D.	TITLE	
NAME	AYBAR, PEDRO	NAME	
STREET ADDRESS	AVE. SAN MARTIN No.98	STREET ADDRESS	
CITY-ST-ZIP	SANTO DOMINGO;D.R.	CITY-ST-ZIP	
TITLE	S.D.	TITLE	
NAME	DE LLENAS, ILEANA	NAME	
STREET ADDRESS	AVE. SAN MARTIN No.98	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	SANTO DOMINGO,D.R.	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA DE LLENAS, FEBRUARY 25, 2002 809-565-8861