

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90255 026 \*\*\*\*50.00

**DOCUMENT #** L00000004204

1. Entity Name

Jemecart, L.L.C.

900499

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5659 Via De La Plata Circle

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 0-305

Suite 0-305

City & State

City & State

Delray Beach FL

Miami FL

Zip

Country

Zip

Country

33484

US

33131

US

4. FEI Number

52-2259795

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Transglobal Corporate Administration

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive

Suite 0-305

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Marcela Pico Uribe 5659 Via De La Plata Circle Delray Beach FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Marco Rojas 520 Brickell Key Drive Ste 0-305 Miami FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Marco E. Rojas* 4/30/02 (305) 374 3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE