

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90079 034 ***150.00

0498449

DOCUMENT # P00000015016

1. Entity Name
JEMARO EXPORT INC.

Principal Place of Business
4830 NW 102ND AVE
#101
MIAMI FL 33178

Mailing Address
4830 NW 102ND AVE
#101
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7225 NW 68 ST.
 Suite, Apt. #, etc.
6

3. Mailing Address
7225 NW 68 ST.
 Suite, Apt. #, etc.
6

City & State
MIAMI FL
 Zip
33166
 Country

City & State
MIAMI - FL
 Zip
33166
 Country

4. FEI Number
65-0987813
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CEREZO, ROGELIO
4830 NW 102ND AVE
#101
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name
CEREZO, ROGELIO
 Street Address (P.O. Box Number is Not Acceptable)
5630 NW 114 PATH #201
 City
MIAMI **FL** Zip Code
33178

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 **4-20-01**

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, 2001 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

TITLE
PSTD
 NAME
CEREZO, ROGELIO
 STREET ADDRESS
4830 NW 102ND AVE #101
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD
 NAME
CEREZO, ROGELIO
 STREET ADDRESS
5630 NW 114 PATH #201
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
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TITLE
 NAME
 STREET ADDRESS
 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:

Date **4/20/01** Daytime Phone # **305.894.1254**

CR2E034 (10/00)