

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90012 012 ***150.00

CR200495
 AV

DOCUMENT # P00000015016

1. Entity Name
JEMARO EXPORT INC.

Principal Place of Business

7225 NW 68 ST.
#6
MIAMI FL 33166

Mailing Address

7225 NW 68 ST.
#6
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10773 NW 58 ST.

Suite, Apt. #, etc.

PMB 221

City & State

MIAMI - FL

Zip

33178

Country

3. Mailing Address

10773 NW 58 ST.

Suite, Apt. #, etc.

PMB 221

City & State

MIAMI - FL

Zip

33178

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
5630 NW 114 PATH
#201
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **CEREZO ROGELIO**

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

10773 NW 58 ST - PMB 221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CEREZO, ROGELIO
10773 NW 58 ST - PMB 221
MIAMI FL 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-02 305-418-2100

CR2E034 (9/01)