

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000019157**1. Entity Name  
**JEM EXECUTIVES INC.**

|                             |                       |
|-----------------------------|-----------------------|
| Principal Place of Business | Mailing Address       |
| 75 NE 6TH AVE               | 75 NE 6TH AVE         |
| DELRAY BEACH FL 33483       | DELRAY BEACH FL 33483 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| 1013 LUCERNE BLVD              | 1013 LUCERNE BLVD   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| SUITE #16                      | SUITE #16           |

|               |               |
|---------------|---------------|
| City & State  | City & State  |
| LAKE WORTH FL | LAKE WORTH FL |
| Zip           | Zip           |
| 33460         | 33460         |
| Country       | Country       |

|                   |                                         |
|-------------------|-----------------------------------------|
| 4. FEI Number     | Applied For                             |
| <b>65-0987186</b> | <input type="checkbox"/> Not Applicable |

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LEEDS RICHARD**  
75 NE 6TH AVE  
  
DELRAY BEACH FL 33483

**7. Name and Address of New Registered Agent**

Name  
**LEEDS RICHARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**1013 LUCERNE BLVD**  
SUITE #16  
City  
**LAKE WORTH FL** Zip Code  
**33460**

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 \_\_\_\_\_ **04/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | SEC                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LEEDS RICHARD ESEC</b>     |                                                                              |
| STREET ADDRESS | <b>7622 NORTHPORT DRIVE</b>   |                                                                              |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL 33437</b> |                                                                              |
| TITLE          | PRES                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ROSEN ANDREW RPRES</b>     |                                                                              |
| STREET ADDRESS | <b>9735 SUN POINTE DR.</b>    |                                                                              |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL 33437</b> |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: RICHARD E. LEEDS****SEC 04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)