

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074550

1. Entity Name

JAMERCO INVESTMENTS, INC.

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90737 026 \*\*\*150.00

Principal Place of Business

14230 ALAMANDA AVE  
MIAMI LAKES FL 33014

Mailing Address

14230 ALAMANDA AVE  
MIAMI LAKES FL 33014

2. Principal Place of Business

21210-15A SAINT ANDREWS BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33433

Country

Zip

Country

4. FEI Number

02-0549924

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEJIA, VICTOR

14230 ALAMANDA AVE.

MIAMI LAKES FL 33014

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

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10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME           | STREET ADDRESS      | CITY-ST-ZIP          | <input type="checkbox"/> Delete |
|-------|----------------|---------------------|----------------------|---------------------------------|
| P     | MEJIA, VICTOR  | 14230 ALAMANDA AVE. | MIAMI LAKES FL 33014 | <input type="checkbox"/>        |
| VP    | MEJIA, MERLY M | 14230 ALAMANDA AVE. | MIAMI LAKES FL 33014 | <input type="checkbox"/>        |
|       |                |                     |                      | <input type="checkbox"/>        |
|       |                |                     |                      | <input type="checkbox"/>        |
|       |                |                     |                      | <input type="checkbox"/>        |
|       |                |                     |                      | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

05/27/02 561-795-9808