

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0361749 AV

DOCUMENT # P01000034877

1. Entity Name
JIDMI ENTERPRISE, INC.

03-05-2002 90002 010 ***150.00

(Jidmi)

Principal Place of Business
1714 SAWGRASS CIRCLE
WEST PALM BEACH FL 33413

Mailing Address
1714 SAWGRASS CIRCLE
WEST PALM BEACH FL 33413



2. Principal Place of Business
BOCA RATON

3. Mailing Address
861, YAMATO ROAD

Suite, Apt. #, etc.
BAY NO. 5

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-1101039

Applied For
 Not Applicable

Zip
33431

Country
FL

Zip

Country

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

6. Name and Address of Current Registered Agent

LAMA, PEMBA
1714 SAWGRASS CIRCLE
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
LAMA, PEMBA
1714 SAWGRASS CIRCLE
WEST PALM BEACH FL 33413

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
LAMA, KAMALA
1714 SAWGRASS CIRCLE
WEST PALM BEACH FL 33413

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
PATEL, ALPESH
914 SENECA STREET
JUPITER FL 33458

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/02 (561) 998 2666

Date

Daytime Phone #

CR2E034 (9/01)