FILED May 16, 2002 8:00 am Secretary of State 04-29-2002 90156 030 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037774					05-16-2002 90059 007 ***150.00	
JEL MORTGAGE COMPANY						
			<u> </u>			
D	O NOT WRITE	in this si	PACE			
2. Principal Place of Business 4391 Mangrum Court 4391 Mangrum			Const		—— uorma i uzigira.	
Stute, Apt. #, etc.		Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE	
City & Sinte Hollywood, FL		HOLLYWOOD, FL		4.	FEI Number	Applied For
^{Zip} 33021	Country USA	^{Zip} 33021	Country USA	5.	65-1091842 Certificate of Status Desired	Not Applicable \$8.75 Additional
				7. N	lame and Address of Current Regist	Fee Required ered Agent
DO NOT WRITE Less					Jane E.	
IN THIS SPACE			Street	Street Address (P.O. Box Number is Not Acceptable) 439.1 Mangrum Court.		
114 0 1100 0100						
* * * * * * * * * * * * * * * * * * * *				ollywood	•	FL 33021
8. The above nam	ed entity submits this statement for	the purpose of changing its r	egistered office	or registered a	gent, or both, in the State of Florida.	
SIGNATURE						
	ture, typen ox priraed name of registered myers an		Rivarumenti Agura signi		e-resing) DA	É
Tax Ming requir	n is eligible to satisfy its Intangible rement and elects to do so.	January 1 - Ma After May 1	, Fee is \$550.0 UBR is \$61.25	0	16. Election Campaign Financing	\$5.00 May Be
(See <u>criteria</u> on		Make.Check.Payabl	e to Departmen	nt of State	Trust Fund Contribution.	Added to Fees
TIGE PST		IRECTORS	TITLE	Ţ <u></u> ,		
	ssin, Jane E. 91 Mangrum Court		MAME			12/0
CITY-ST-ZIP HO	llywood, Florida 3	3021	STREET ADDRESS CITY-ST-ZIP			CR2E034B (12/01)
TITLE HAME			TITLE			
STREET ADDIKESS		•	NAME STREET ADDRESS			ზ
CITY-ST-ZIP			CNY-ST-ZIP			
TITLE NAME	•		TITLE NAME			
STREET ADORESS CITY-ST-2IP			STREET ADDRESS		DO NOT ME)
TIFLE			CITY-ST-ZIP		100 MOI AAN	
NAME STREET ADDRESS			NAME		IN THIS SPA	CE
CITY-S1-ZIP			STREET ADDRESS CTCY+ST-WP			
T/TI,E			TILE			
NAME STREET ADDRESS			MAME STREET ADDRESS			
CITY-ST:ZIP			=CiTY: ST: ZIP:			
TITLE		·	TITLE NAME			
STREET ADDRESS			STREET ADDRÉSS			
CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling close 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 suppliemental report is true and accurate and that my signature shall have the information.						
of the corporation or the receiver or trustee empowered to exprute this report as required by Charles 607 Player 607 Player as in made under oath; that I am an officer or director						
SIGNATURE:						
					/ //	Cayarrer (10046)