

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90109 047 ***150.00

DOCUMENT # P01000045601

1. Entity Name
JESMAR INTERNATIONAL NATURAL PRODUCTS CORP.

Principal Place of Business

8224 N W 8TH STREET
MIAMI FL 33126

Mailing Address

8224 N W 8TH STREET
MIAMI FL 33126

2. Principal Place of Business

4345 SW 72ND AVE

3. Mailing Address

4345 SW 72ND AVE

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

MIAMI, FL 33155

City & State

MIAMI, FL

Zip

Country

PADE

Zip

33155

Country

COUNTY

4. FEI Number

55-1102721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCHOA, VICTOR HUGO

8224 N W 8TH STREET

MIAMI FL 33126

7. Name and Address of New Registered Agent

Name VICTOR H. OCHOA

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

30511 SW 149th

City Homestead

FL

Zip Code

33033

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 PD ☐ Delete
NAME ESCOBAR, MARIANELA
STREET ADDRESS 8224 N W 8TH STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE VD ☐ Delete
NAME JIMENEZ, JESUS
STREET ADDRESS 8224 N W 8TH STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)