

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90893 017 ***150.00

0202257 AV

DOCUMENT # P01000050983

1. Entity Name
JUMA MANAGEMENT, INC.

Principal Place of Business
999 BRICKELL AVE. SUITE 701
MIAMI FL 33131

Mailing Address
999 BRICKELL AVE. SUITE 701
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 Brickell Ave
 Suite, Apt. #, etc. **suite # 630**

3. Mailing Address
1202 Brickell Ave
 Suite, Apt. #, etc. **Suite # 630**

City & State **Miami, Florida**

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4. FEI Number Applied For
 Not Applicable

Zip **33131** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VEINTIMILLA, SUCRE J~~
999 BRICKELL AVE, SUITE 701
MIAMI FL 33131

Name **Sucre Veintimilla**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Brickell Ave, Suite # 630
 City **Miami** **FL** Zip Code **33131**

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]* - President DATE 4/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD VEINTIMILLA, SUCRE J 999 BRICKELL AVE, SUITE 701 MIAMI FL 33131	<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"/>
	<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]* - Sucre Veintimilla DATE 4/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)