

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91165 015 \*\*\*150.00

DOCUMENT # P01000062621

1. Entity Name

America Jeny, Inc.  
10800 Biscayne Blvd., Ste 988  
Miami, FL 33161

001059

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6730 Biscayne Blvd

3. Mailing Address

10800 Biscayne Blvd., Ste 988

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste 988

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1136411

Applied For

Not Applicable

Zip 33138

Country USA

Zip 33161

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Tony Pornprinya

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

10800 Biscayne Blvd., Ste 988

City

Miami

FL

Zip Code  
33161

**DO NOT WRITE  
IN THIS SPACE**

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

*P. Lamy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

5/1/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
Ruey Ren, Director  
10800 Biscayne Blvd., Ste 988  
Miami, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

305 893 8989

Daytime Phone #

CR2E034B (12/01)