

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

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90814 038 ***150.00

DOCUMENT # P01000092826

1. Entity Name

JEMANA GLOBAL CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8007 N.W. 29 St.

3. Mailing Address

10103 S.W. 159 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

02-0541259

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAZZA-MARTINEZ, TANIA

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

782 NW 42 Ave. #637

City

MIAMI

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISMARI ESCALONA

4/29/03

Date

Daytime Phone #

CR2E034B (12/02)