

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90483 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098545
1. Entity Name
Z-JEM INCORPORATED

Principal Place of Business Mailing Address
2406 STANFORD DR. 2406 STANFORD DR.
COCOA FL 32926 COCOA FL 32926

2. Principal Place of Business 3. Mailing Address
5275 Babcock St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit 13

City & State City & State
NE Palm Bay, Fl.
Zip Country Zip Country
329045

4. FEI Number Applied For
59-3749283 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATOS, JAVIER
2406 STANFORD DR.
COCOA FL 32926

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MATOS, JAVIER	2406 STANFORD DR.	COCOA FL 32926	<input type="checkbox"/>
ST	MATOS, ZULMA L	2406 STANFORD DR.	COCOA FL 32926	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-30-02 321-632-7245
Daytime Phone #

CR2E034 (9/01)