

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **6-30-02** Daytime Phone #: **321-632-7245**

CR2E034 (9/01)