2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

SIGNATURE: .

May 10, 2002 8:00 am Secretary of State **DOCUMENT #** P01000100735 1. Entity Name 05-10-2002 90061 028 ***150.00 JEMATT GROUP, INC. Principal Place of Business Mailing Address 201 S. BISCAYNE BLVD., 17TH FLOOR 201 S. BISCAYNE BLVD., 17TH FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIAMI CENTER REGISTERED AGENTS, LLC. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., 17TH FLOOR **MIAMI FL 33131** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT Addition TITLE PRESIDENT Delete TITLE Change MATHEN K, JACOBS MATHEN K. JACOBS NAME NAME ISAI ALTON ROAD 1501ALTONROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MIAMIBEACH, PL 33139 VICE-PRESIDENT TITLE ☐ Delete TITLE Change Addition ZHENG JACOB NAME NAME 1521 ALTON ROAD STREET ADDRESS STREET ADDRESS IAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Davtime Phone #

ATHEN L. JALOS

FILED