
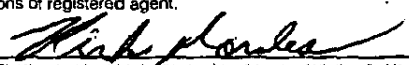



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

5/:

05-05-2003 91801 013 ***150.00

DOCUMENT # P02000069430																											
1. Entity Name JAMS MINT, CORP.																											
Principal Place of Business 4009 NORTH UNIVERSITY DR. #G107 SUNRISE FL 33351		Mailing Address 4009 NORTH UNIVERSITY DR. #G107 SUNRISE FL 33351																									
2. Principal Place of Business 8960 N.W. 8 St Suite, Apt. #, etc. 208 City & State Miami FL		3. Mailing Address 8960 N.W. 8 St Suite, Apt. #, etc. #208 City & State Miami FL																									
4. FEI Number 35-2172375		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MORALES, MIRKO 4009 NORTH UNIVERSITY DR. #G107 SUNRISE FL 33351		7. Name and Address of New Registered Agent Name: Moraks, Mirko Street Address (P.O. Box Number is Not Acceptable) 8960 N.W. 8 St. #208 City: MIAMI FL Zip Code: 33172																									
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: _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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 Block 11 if changed, or on an attachment with an address, with all power like empowered.																											
SIGNATURE: 		4/28/03 (305) 225-1579																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone																									

CR2E034 (10/02)

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