2003
~~2000~~ UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91220 032 ***150.00

11005569

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000092570

1. Entity Name
Jaymar Software Consulting, Inc.

Principal Place of Business	Mailing Address
169 E. Flagler St Suite 1534 Miami FL 33131	169 E. Flagler St Suite 1534 Miami FL 33131
2. Principal Place of Business: 1460 E. Hallandale Bch. Blvd.	3. Mailing Address: 16300 NE 19 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.: C
City & State: Hallandale FL	City & State: N. Miami Beach FL
Zip: 33009 / Country:	Zip: 33162 / Country: USA.

4. FEI Number: 55-0793796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Fernando Silva
Street Address (P.O. Box Number is Not Acceptable): 16300 NE 19 Ave Suite C
City: N. Miami Beach FL Zip Code: 33162

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] 4/17/03
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 Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN ZIGART 169 E. Flagler St. Ste 1534 Miami FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN ZIGART 1460 E. Hallandale Beach Blvd. Hallandale FL 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Martin Zigart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #