


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91327 046 \*\*\*150.00

|                                       |   |
|---------------------------------------|---|
| DOCUMENT # <i>P02000133556</i>        |  |
| 1. Entity Name<br><i>Jade 9, Inc.</i> |   |

**DO NOT WRITE IN THIS SPACE**

**55041592**

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>34 NW 11th Street</i> | 3. Mailing Address<br><i>34 NW 11th Street</i> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |
| City & State<br><i>Miami, FL</i>                           | City & State<br><i>Miami, FL</i>               |
| Zip<br><i>33136</i>  | Zip<br><i>33136</i>                            |
| Country<br><i>Miami-Dade</i>                               | Country<br><i>Miami-Dade</i>                   |

DO NOT WRITE IN THIS SPACE

|                                       |  |  |
|---------------------------------------|--|--|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> | 4. FEI Number  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|                                       | 5. Certificate of Status Desired   | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |
|                                       | 7. Name and Address of Current Registered Agent  |  |
|                                       | Name<br><i>Alla Maze</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>34 NW 11th Street</i><br>City<br><i>Miami</i> FL Zip Code<br><i>33136</i> |  |

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 *Alla Maze* PS *5/13/2003*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |
|--|--|
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>PS<br/>Alla Maze<br/>34 NW 11th Street<br/>Miami, FL 33136</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alla Maze* *5/13/2003*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)