

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90666 028 ***158.75

DOCUMENT # P93000068544

1. Entity Name

JEMS APARTMENTS, INC.



Principal Place of Business

978 SW 10TH DRIVE
POMPANO BEACH FL 33060
US **ART. #7**

Mailing Address

1429 S.W. 25TH WAY
UNIT #C
BOYNTON BEACH FL 33426

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0472469

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBLUM, SIDNEY E
1429 S.W. 25TH WAY
UNIT #C
BOYNTON BEACH FL 33426

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sidney E. Rosenblum
Signature, typed or printed name of registered agent and title if applicable.

VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-2-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME ROSENBLUM, JOE
STREET ADDRESS 2030 FARNHAM "O"
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VS ☐ Delete
NAME ROSENBLUM, SIDNEY
STREET ADDRESS 1429 S.W. 25TH WAY, UNIT C
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME
STREET ADDRESS **X** *Joe Rosenblum*
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME
STREET ADDRESS **X** *Sidney E. Rosenblum*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: *Sidney E. Rosenblum* **SIDNEY E. ROSENBLUM V. PRES.** **4/02/04** **561-735-9010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #