

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90014 038 ***550.00

DOCUMENT # P94000087511

1. Entity Name
JEYSMAR & JAMES CORPORATION

Principal Place of Business

**243 EAST FLAGLER ST
 STE 15
 MIAMI FL 33131
 US**

Mailing Address

**243 EAST FLAGLER STREET
 STE 15
 MIAMI FL 33131
 US**

80065413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 EAST FLAGLER ST

3. Mailing Address

255 EAST FLAGLER ST

Suite, Apt. #, etc.

STE 101

Suite, Apt. #, etc.

STE 101

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0548677

Applied For

☒ Not Applicable

Zip

33131

Country

US

Zip

33131

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ERNICA, JEYSMAR J
 243 E FLAGLER ST STE 15
 MIAMI FL 33131**

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.

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ERNICA, JEYSMAR J**
 CITY-ST-ZIP **243 E FLAGLER ST STE 15 MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/01
 Date

1305 3750007
 Daytime Phone #

CR2E034 (5/01)