

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90586 046 ***150.00

DOCUMENT # P95000007323

1. Entity Name
JESEMCA INT'L TRADING, INC.

Principal Place of Business
 12135 SW 131 AVE.
 MIAMI FL 33186
 US

Mailing Address
 12135 SW 131 AVE.
 MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
318 INDIAN TRACE.

3. Mailing Address
318 INDIAN TRACE

City & State
WESTON, FL.

City & State
WESTON, FL.

4. FEI Number **65-0553576** Applied For
 Not Applicable

Zip **33326** Country

Zip **33326** Country

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

ABONDANO, JAIRO
11683 SW 143 AVE
MIAMI FL 33186

Name **JAIRO ABONDANO**
 Street Address (P.O. Box Number is Not Acceptable)
318 INDIAN TRACE
 City **WESTON** FL Zip Code **33326**

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]* DATE **2/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	ABONDANO, JAIRO A	
STREET ADDRESS	11683 SW 143 AVE.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERCEDES, MARIA	
STREET ADDRESS	11683 SW 143 AVE.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIRO ABONDANO	
STREET ADDRESS	318 INDIAN TRACE	
CITY-ST-ZIP	WESTON, FL. 33326	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA MERCEDES ABONDANO	
STREET ADDRESS	318 INDIAN TRACE.	
CITY-ST-ZIP	WESTON, FL. 33326.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* DATE **1-31-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)