## 2001 UNIFORM BUSINESS REPORT (UBR)

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## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P97000097944** 1. Entity Name J.E.S.M., INC. 04-26-2001 90034 014 \*\*\*150.00 Principal Place of Business Mailing Address 20315 W. COUNTRY CLUB DRIVE 20315 W. COUNTRY CLUB DRIVE AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0795695 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIMOUN, ROGER Street Address (P.O. Box Number is Not Acceptable) 20315 W. COUNTRY CLUB DR. AVENTURA FL 33180 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent standure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of St 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE Delete TITLE Addition MIMOUN, ROGER NAME NAME STREET ADDRESS. 20315 W. COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CHY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MIMOUN, PAUL NAME NAME STREET ADDRESS 20315 W. COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-7IP **AVENTURA FL 33180** CITY-ST-Zi2 1111.5 ☐ Delete TITLE Addition NAME MIMOUN, ELIE NAME STREET ADDRESS 20315 W. COUNTRY CLUB DRIVE STREET ADDRESS C!TY-ST-ZIP CITY-ST-7:P **AVENTURA FL 33180** ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-st-7i9 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP on 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 temental report is true and accurate that has signature shall have the same legal effect as if made under oath; that I am an officer or director or or control of the co I hereby certify that the information indicated on this report of supplied. of the corporation or th rece er or trustoe on