

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90018 035 \*\*\*150.00

**DOCUMENT # P98000006655**

**1. Entity Name**  
**JEM TRADING AND CONSTRUCTION, INC.**

**Principal Place of Business**  
**100 EAST LINTON BLVD., #108B**  
**DELRAY BEACH FL 33483**

**Mailing Address**  
**100 EAST LINTON BLVD., #108B**  
**DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**5301 N. Dixie Hwy.**

**3. Mailing Address**  
**5301 N. Dixie Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Boca Raton FL**

**City & State**  
**Boca Raton FL**

**4. FEI Number** **65-0840835**

**Applied For**  
**Not Applicable**

Zip

Country

Zip

Country

**33487**

**PBC**

**33487**

**PBC**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HRUBA, JITKA<sup>A</sup> Rd.**  
**10286 CROSSWIND POND**  
**BOCA RATON FL 33498**

**7. Name and Address of New Registered Agent**

**Name** **HRUBA JITKA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10286 Crosswind Rd.**  
**City** **Boca Raton** **FL** **Zip Code** **33498**

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **PSD** ☐ Delete  
**NAME** **HRUBA, JITKA**  
**STREET ADDRESS** **10286 CROSSWIND RD**  
**CITY-ST-ZIP** **BOCA RATON FL 33498**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:**

**JITKA HRUBA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)