2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90066 042 ***150.00

DOCUMENT # P98000062016

1. Entity Name
JEN CORPORATION

Principal Place of Business	Mailing Address
~~1110 BRICKELL AVENUE #430~~	C/O BLAKESBERG & CO CPAS
~~MIAMI FL 33131~~	951 SW 4TH AVE
	BOCA RATON FL 33432-5803

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13899 BISCAYNE BLVD,	
Suite, Apt. #, etc.: SUITE 302	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH, FL	City & State
Zip: 33181 / Country:	Zip / Country

4. FEI Number 65-0862382 ☐ Applied For ☐ Not Applicable

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
BLAKESBERG, WILLIAM	Name
951 SW 4TH AVE	Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ZUILI, ERIC	NAME	
STREET ADDRESS	1110 BRICKELL AVENUE #430	STREET ADDRESS	13899 BISCAYNE BLVD, STE 302
CITY-ST-ZIP	MIAMI FL 33131 -1647	CITY-ST-ZIP	N. MIAMI BEACH, FL 33181 -1647
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED 1/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ERIC ZUILI PRESIDENT

CR2E034 (10/02)