

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 033 ***160.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000075047 1. Entity Name JEM FINANCIAL ENTERPRISES, INC.					
Principal Place of Business 3159 NORTHWEST 122ND AVENUE SUNRISE, FL 33323			Mailing Address 8501 W MCNAB ROAD TAMARAC, FL 33323 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 8501 W. MCNAB ROAD		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 65-0860552			
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)					
9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition	CR2E034 (1/0/02)
NAME	MAHER, JAMES E		NAME		
STREET ADDRESS	3159 NORTHWEST 122ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
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		
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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: <i>J. Maher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-28-03 9547209539 Date Signature Phone #		

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☒ CHECK HERE IF MAKING CHANGES