

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90155 050 \*\*\*158.75

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**DOCUMENT # P98000086603**

1. Entity Name

JAYMOR U.S.A., INC.



Principal Place of Business

DARYL CRAMER AND ASSOC., P.A.  
3801 PGA BLVD SUITE 508  
PALM BEACH GARDENS FL 33410-2758

Mailing Address

DARYL CRAMER AND ASSOC., P.A.  
3801 PGA BLVD SUITE 508  
PALM BEACH GARDENS FL 33410-2758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0880728

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DARYL CRAMER AND ASSOC., P.A.  
DARYL CRAMER AND ASSOC., P.A.  
515 NORTH FLAGLER DRIVE #910  
WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent

Name Daryl Cramer & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA Boulevard

Suite 508

City

Palm Beach Gardens

FL

Zip Code 33410

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

TITLE VSD ☐ Delete  
NAME MYERS, WILLIAM P  
STREET ADDRESS 105 WEST BEAVER CREEK, UNITS 9&10  
CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA

TITLE PTD ☐ Delete  
NAME LUCCHESI, FABRIZIO  
STREET ADDRESS 105 WEST BEAVER CREEK, UNITS 9&10  
CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Fabrizio Lucchese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese

Date

Daytime Phone #

CR2E034 (10/02)