

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**  
 04-17-2002 90118 045 \*\*\*150.00

0229639 AV

**DOCUMENT # P99000023117**

1. Entity Name  
**JADEMIRE PROPERTIES INC.**

Principal Place of Business  
**832 COLLINS AVENUE**  
**MIAMI BEACH FL 33139**

Mailing Address  
**800 WEST AVENUE**  
**STE C-1**  
**MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0995559**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**SCHEINBERG, BRUCE J**  
**KROOP & SCHEINBERG P.A**  
**800 WEST AVENUE, SUITE C-1**  
**MIAMI FL 33139**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **Miami Beach** **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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BROMLEY-MARTIN, ROBIN H</b> <b>LORDSWOOD BARN, GU28 9BS</b> <b>WEST SUSSEX UK</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>LANGLEY, IAN MELVYN</b> <b>LORDSWOOD BARN, GU28 9BS</b> <b>UNITED KINGDOM</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>Lowe, David Bruce</b> <b>Lordwood Barn, GU28 9BS</b> <b>United Kingdom</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5<sup>th</sup> April 2002** (305) 538-7575  
 Date Daytime Phone #

CR2E034 (9/01)

*Attachment* 830906  
LAW OFFICES  
KROOP & SCHEINBERG, P.A.  
SOUTH BAY CLUB • SUITE C-1  
800 WEST AVENUE  
MIAMI BEACH, FLORIDA 33139

#P99000023117

RICHARD I. KROOP

ALSO ADMITTED IN COLORADO

BRUCE J. SCHEINBERG

CERTIFIED FAMILY MEDIATOR  
COUNTY CIVIL COURT MEDIATOR

AREA CODE 305  
538-7575

FAX  
AREA CODE 305  
538-4676

April 9, 2002

Division of Corporations  
Uniform Business Report Filing  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Jademire Properties Inc.  
Document Number P99000023117  
2002 UBR Filing.

Dear Sir or Madam:

Enclosed herein please find the original 2002 Uniform Business Report form which has been completed, signed and dated together with our firm's check in the amount of \$150.00 representing the fee due.

As always, we appreciate your cooperation and assistance and remain

Sincerely,

KROOP & SCHEINBERG, P.A.

By: 

Bruce J. Scheinberg

BJS:ss

Enclosure

FEDERAL EXPRESS

cc: Client

cc: Elliot Lowenstein, CPA