

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90051 001 ***150.00

DOCUMENT # P99000079489

1. Entity Name
JEMEZ, INC.

Principal Place of Business Mailing Address
12166 ST ANDREWS PLACE #107 12166 ST ANDREWS PLACE #107
FL 33025 MIRAMAR FL 33025-0750

2. Principal Place of Business 3. Mailing Address
18331 PINES BLVD. 18331 PINES BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PEMBROKE PINES, FL PEMBROKE PINES, FL
Zip Country Zip Country
33029 BROWARD. 33029 BROWARD.

4. FEI Number 650945692 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
BRICHAUX, DINA
12166 ST ANDREWS PLACE #107
MIRAMAR FL 33025

7. Name and Address of New Registered Agent
Name (SAME) DINA BRICHAUX
Street Address (P.O. Box Number is Not Acceptable)
12124 ST ANDREWS PLACE #111
City MIRAMAR FL Zip Code 33025

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KA YUNG, FLAVIO		NAME	LIM, FLAVIO KA-YUNG	
STREET ADDRESS	12166 ST ANDREWS PLACE #107		STREET ADDRESS	12166 ST ANDREWS PL. #107	
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete	TITLE	ADR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOSE SOUZA	
STREET ADDRESS			STREET ADDRESS	12124 ST ANDREWS PL. #111	
CITY-ST-ZIP			CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete	TITLE	VITIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DINA BRICHAUX	
STREET ADDRESS			STREET ADDRESS	12124 ST ANDREWS PL. #111	
CITY-ST-ZIP			CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: FLAVIO KA-YUNG LIM 1/20/00 (954) 4509555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)