

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 020 ***150.00

DOCUMENT # P99000108892

1. Entity Name

JEMMA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 E. Broward Blvd.3. Mailing Address
500 E. Broward Blvd.,

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400

1400

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

4. FEI Number

65-0968984

Applied For

Not Applicable

Zip

Country

Zip

Country

33394

USA

33394

USA

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

7. Name and Address of Current Registered Agent

Name

Martin R. Press, Esq.

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

500 E. Broward Blvd., Suite 1400

City

Fort Lauderdale

FL

Zip Code

33394

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IN THIS SPACE

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

Martin R. Press, Esq.

4/3/02

Signature, typed or printed name of registered agent and role 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) ☒

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PSTD
Abrahams, Marianne
500 E. Broward Blvd., Suite 1400
Fort Lauderdale, FL 33394

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marianne Abrahams, President

Date

Daytime Phone #

4/3/02 (954) 462-2000

CR2E034B (12/01)