

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-03-2002 90171 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **612130**

1. Entity Name
JORME CORPORATION

Principal Place of Business: **351 NW LEJEUNE ROAD MIAMI FL 33134**

Mailing Address: **351 NW LEJEUNE ROAD 203 MIAMI FL 33128 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **351 N.W. LeJeune Rd. Suite 600**

City & State: **Miami, Fl.**

4. FEI Number: **59-1948443**

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

38824



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HARRIS, ANA C ESQ. MISHAN, SLOTO & GREENBERG, P.A. 200 S. BISCAYNE BLVD., SUITE 2350 MIAMI FL 33131

7. Name and Address of New Registered Agent
Name: **Alan M. Burger, Esq.**
Street Address (P.O. Box Number is Not Acceptable): **Burger & Traylor, P.A.**
8603 So. Dixie Hwy #303
City: **Miami** FL Zip Code: **33143**

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: *Alan Burger*
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLORZANO, MADELAINE 351 NW LEJEUNE RD. MIAMI FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 351 NW LeJeune Rd. #600 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIN, FREDERICK L 351 NW LEJEUNE ROAD 203 MIAMI FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 351 N.W. LeJeune Rd. #600 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ-MEDINA, ROLAND JR 644 ZAMORA AVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rolanda Sanchez-Medina Jr.* **Rolanda Sanchez-Medina Jr., Treasurer** **April 9, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #