# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

- AMENDED -
~~CHANGE OF STATUS~~
02 JUL 9 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F18937

1. Entity Name

J.B. JONES, INC.

**DO NOT WRITE IN THIS SPACE**

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13815 N.W. 19th AVENUE | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: OPA-LOCKA, FL | City & State |
| Zip: 33054 Country: USA | Zip: 33054 Country |

4. FEI Number: 59-2095501 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: ROBERT FITZSIMMONS, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2950 S.W. 27TH AVENUE

City: MIAMI, FL. **FL** Zip Code: 33233-9075

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) ☒

**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 | DIRECTOR |
| NAME | JONES, J.B. SR. |
| STREET ADDRESS | 13815 N.W. 19TH AVENUE |
| CITY-ST-ZIP | OPA-LOCKA, FL 33054 |
| TITLE | PRESIDENT |
| NAME | JONES, RICHARD |
| STREET ADDRESS | 13815 N.W. 19TH AVENUE |
| CITY-ST-ZIP | OPA-LOCKA, FL 33054 |
| TITLE | VICE PRESIDENT |
| NAME | JONES, DARRELL |
| STREET ADDRESS | 13815 N.W. 19TH AVENUE |
| CITY-ST-ZIP | OPA-LOCKA, FL 33054 |
| TITLE | SECRETARY/TREASURER |
| NAME | JONES, GERTRUDE |
| STREET ADDRESS | 13815 N.W. 19TH AVENUE |
| CITY-ST-ZIP | OPA-LOCKA, FL 33054 |
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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:** X _____ 7/1/02 305 681 7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #