

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90048 002 ****61.25

DOCUMENT # N23672

1. Entity Name

JACKSON MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1500 NW 12 AVE.
 SUITE 1129
 MIAMI FL 33136
 US

1500 NW 12 AVE.
 SUITE 1129
 MIAMI FL 33136-1038
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0077720

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

7. Name and Address of New Registered Agent

RODRIGUEZ, ROLANDO, D
1500 NW 12 AVE.
SUITE 1129
MIAMI FL 33136

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
VC	PLANAS, CARLOS		
	8250 SW 8 ST		
	MIAMI FL		
TD	JONES, EDGAR JR		
	1200 BRICKELL AVE		
	MIAMI FL		
S	HERNANDEZ, ALMA	S	NESTOR, BRENDA
	701 BRICKELL AVE #1110		30 PALM AVE Palm Island
	MIAMI FL		Miami Beach, FL 33139
T	DUBBIN, KEN		
	1050 CARIBBEAN WAY		
	MIAMI FL		
DC	CANCELA, ROSY		
	375 MIRACLE MILE		
	CORAL GABLES FL 33154		
D	RODRIGUEZ, ROLANDO D		
	2726 ALTON ROAD		
	MIAMI BEACH FL 33140		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Rolando D. Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x2/4/00

Date

Daytime Phone #

305-
 X585-7260

CR2E037 (9/99)