

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90331 050 \*\*\*\*70.00

0030059

**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  
 US

**923551**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**901 NW 17 ST.**

3. Mailing Address

**901 NW 17 ST.**

Suite, Apt. #, etc.

**Suite G**

Suite, Apt. #, etc.

**Suite G**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-007720**

Applied For

Not Applicable

Zip

**33136**

Country

**USA**

Zip

**33136**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**901 NW 17 ST.**

**Suite G**

City **Miami,**

**FL**

Zip Code

**33136**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC PLANAS, CARLOS 8250 SW 8 ST MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JONES, EDGAR JR 1200 BRICKELL AVE MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NESTOR, BRENDA 39 PALM AVE PALM ISLAND MIAMI FL 33139</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DUBBIN, KEN 3655 NW 87 AVE MIAMI FL 33178</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC CANCELA, ROSY 375 MIRACLE MILE CORAL GABLES FL 33154</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, ROLANDO D 2726 ALTON ROAD MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC Norma Wilson 3425 N. Moorings Way COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SAMUEL W. GENTRY JR. 1627 BRICKELL AVE #2901 MIAMI, FL 33129</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BRENDA NESTOR 39 PALM AVE MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 SIGNATURE REQUIRED**

**X 2/20/01**

**X305-585-1260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)