

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0072823

DOCUMENT # N23672

1. Entity Name

JACKSON MEMORIAL FOUNDATION, INC.

04-15-2002 90003 040 *****70.00

Principal Place of Business 901 NW 17ST SUITE G MIAMI FL 33136 US	Mailing Address 901 NW 17ST SUITE G MIAMI FL 33136 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0077720	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RODRIGUEZ, ROLANDO, D
901 NW 17-ST
SUITE G
MIAMI FL 33136

7. Name and Address of New Registered Agent

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 _____ (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	DC	<input type="checkbox"/> Delete
NAME	PLANAS, CARLOS	
STREET ADDRESS	8250 SW 8 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	WILSON, NORMA	
STREET ADDRESS	3425 N. MOORINGS WAY	
CITY-ST-ZIP	COCONUT GROVE FL 33123	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GENTRY, SAMUEL W JR	
STREET ADDRESS	1627 BRICKELL AVE, #2901	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	S	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	39 PALM AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROLANDO D	
STREET ADDRESS	2726 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON FERRELL	
STREET ADDRESS	201 S. BISCAYNE BLVD 34 FLOOR	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** **4/29/02** **305-585-7260**

CR2E037 (9/01)