

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093571

1. Entity Name

JKNM INVESTMENTS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90064 017 ***150.00

Principal Place of Business

Mailing Address

21150 POINT PLACE
APT 1903
AVENTURA FL 33180

21150 POINT PLACE
APT 1903
AVENTURA FL 33180-4039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0793661

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

WOLFE, RICHARD C
STE. 200, 20803 DISCAYNE BLVD.
AVENTURA FL 33180

Name

JAIME DORNBUSCH

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

21150 Point Place Apt. 1903

City

AVENTURA

FL

Zip Code
33180

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

JAIME DORNBUSCH

4/2/2000

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, 2000 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 ☐ Delete
NAME DPST
STREET ADDRESS DORNBUSCH, JAIME
CITY-ST-ZIP 21150 POINTE PL., APT. 1504
AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAIME DORNBUSCH

4/2/2000

(305) 621-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)