

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # 599014

1. Entity Name

MARIO R. JIMENEZ & ASSOCIATES, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90443 003 \*\*\*150.00

Principal Place of Business

2307 DOUGLAS RD., SUITE 401  
MIAMI FL 33145

Mailing Address

2307 DOUGLAS RD., SUITE 401  
MIAMI FL 33145-3057

2. Principal Place of Business

2103 CORAL WAY

Suite, Apt. #, etc.

SUITE 202

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

SUITE 202

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

4. FEI Number

59-1874106

Applied For

Not Applicable

Zip

33145

Country

DALE

Zip

33145

Country

DALE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, MARIO R

2307 DOUGLAS RD., STE 401  
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 27 2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
JIMENEZ, MARIO R  
910 COUNTRY CLUB PRADO  
CORAL GABLES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
JEMENEZ, BERTHA  
910 COUNTRY CLUB PRADO BLVD  
CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/00

CR2E034 (9/99)