

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 599014

1. Entity Name

MARIO R. JIMENEZ & ASSOCIATES, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90019 014 ***150.00

Principal Place of Business

Mailing Address

2103 CORAL WAY
SUITE 202 108
MIAMI FL 33145

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SUITE 202 108
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1874106

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

JIMENEZ, MARIO R
2307 DOUGLAS RD., STE 401
MIAMI FL 33145

Name: Jimenez Mario R.
Street Address (P.O. Box Number is Not Acceptable)
910 Country Club Prado
City: Coral Gables FL Zip Code 33134

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

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, 2001 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 PD
NAME JIMENEZ, MARIO R
STREET ADDRESS 910 COUNTRY CLUB PRADO
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)