

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F54660**

1. Entity Name  
**J. D. HIMBURG, INC.**



Principal Place of Business  
8531 SW 121 STREET  
MIAMI FL 33156  
US

Mailing Address  
8531 SW 121 STREET  
MIAMI FL 33156  
US

2. Principal Place of Business

**9779 SW 93 Terr**

3. Mailing Address

**9779 SW 93 Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FILED  
Jan 08, 2003 8:00 am  
Secretary of State**

01-08-2003 90007 001 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

City & State

**Miami FL**

City & State

**Miami, FL**

4. FEI Number

**59-2147695**

Applied For

Not Applicable

Zip

**33706**

Country

**Dade**

Zip

**33706**

Country

**Dade**

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

**SCHILD, MARVIN  
590 ENGLISH AVE  
HOMESTEAD FL 33030**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMBURG, JAMES D</b>		NAME	<b>Himburg, James D</b>	
STREET ADDRESS	<b>8531 SW 121 STREET</b>		STREET ADDRESS	<b>9779 SW 93 Terr.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP	<b>Miami, FL 33176</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMBURG, SUSAN P</b>		NAME	<b>Himburg, Susan P</b>	
STREET ADDRESS	<b>8531 SW 121 STREET</b>		STREET ADDRESS	<b>9779 SW 93 Terr.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP	<b>Miami, FL 33176</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMBURG, OLIVE L</b>		NAME	<b>Himburg, Olive L</b>	
STREET ADDRESS	<b>13100 SW 92 AVE #114</b>		STREET ADDRESS	<b>3209 S. DeBergan Dr.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		CITY-ST-ZIP	<b>St Pete Beach, FL 33706</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, 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 empowerments.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/03**

**(305) 238-1118**

Date

Daytime Phone #

CR2E034 (10/02)