

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90381 023 ***150.00

0170579

DOCUMENT # F93000001287

1. Entity Name

DOUGLAS JAMES SECURITIES, INC.

Principal Place of Business

**1234 WASHINGTON AVENUE
 STE 300
 MIAMI FL 33139
 US**

Mailing Address

**~~1234 WASHINGTON AVENUE~~
~~STE 300~~
~~MIAMI FL 33139~~
~~US~~**

620528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1521 Alton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#355

City & State

City & State

Miami Beach, FL

4. FEI Number

51-0337660

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

US

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

**JAMES, CRAIG D
 1234 WASHINGTON AVE #300
 MIAMI BEACH FL 33139**

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

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDS
 JAMES, CRAIG D
 174 SOUTH COLLIER BLVD.
 MARCO ISLAND FL 33937**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 JAMES, PATRICIA D
 1431 HIGHLAND DRIVE
 SILVER SPRING MA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 JAMES, CLARENCE L JR
 1501 M STREET NW #700
 WASHINGTON D.**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

Craig D. James
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. James

2/5/01

Date

(305) 674-8500

Daytime Phone #

CR2E034 (10/00)