

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42345

1. Entity Name
THE UNIDENTICAL JAZZ TWINS INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90058 030 ***150.00

Principal Place of Business
4000 TOWERSIDE TERRACE
405
NORTH MIAMI FL 33138
US

Mailing Address
4000 TOWERSIDE TERRACE
405
NORTH MIAMI FL 33138
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0084533**
Applied For
Not Applicable

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

WALSH, FENTON
4000 TOWERSIDE TERRACE
SUITE 405
NORTH MIAMI FL 33138

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 PD
NAME WALSH, FENTON
STREET ADDRESS 4000 TOWERSIDE TREEACE
CITY-ST-ZIP NORTH MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME PARKER, DIANE
STREET ADDRESS 4000 TOWERSIDE TERRACE
CITY-ST-ZIP NORTH MIAMI FL

TITLE
NAME
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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 21, 2001

Date

305.893.5900

Daytime Phone #

CR2E034 (10/00)