

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K72842**

1. Entity Name

JONESPORT MIAMI, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90282 001 ***450.00

0497204

Principal Place of Business

% CLEVELAND JONES II
3399 N.W. SOUTH RIVER DR.
MIAMI FL 33142-6953

Mailing Address

% CLEVELAND JONES II
3399 N.W. SOUTH RIVER DR.
MIAMI FL 33142-6953**26096**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0832181**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

CLEVELAND, JONES III
3399 N.W. SOUTH RIVER DR.
MIAMI FL 33142Name
CLEVELAND JONES III
Street Address (P.O. Box Number is Not Acceptable)
3399 N.W. SO. RIVER DR.City
MIAMIFL Zip Code
33142

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.

CLEVELAND JONES III**1/9/01**

(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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLEVELAND, JONES III
3399 N.W. SOUTH RIVER DR
MIAMI FL 33142 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition
CLEVELAND JONES III
3399 N.W. SO. RIVER DR.
MIAMI, FL. 33142TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT ☐ Delete
JONES, CAROLINE
3399 N.W. SOUTH RIVER DR
MIAMI FL 33142TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/TREASURER ☒ Change ☐ Addition
CAROLINE JONES
3399 N.W. SO. RIVER DR.
MIAMI, FL. 33142TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEVELAND JONES III**1/9/01**

Date

305-635-0891

Daytime Phone #

CR2E034 (10/00)