

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90145 034 ***150.00

0227314 AV

DOCUMENT # L05382

1. Entity Name
JIMAL, INC.

Principal Place of Business
C/O MARISUE BELOFF
6525 ALLISON ROAD
MIAMI BEACH FL 33141
US

Mailing Address
C/O MARISUE BELOFF
6525 ALLISON ROAD
MIAMI BEACH FL 33141
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0138883**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELOFF, MARISUE
6525 ALLISON RD
MIAMI BEACH FL 33141

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 _____ (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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | ELLISON, JAMES | |
| STREET ADDRESS | 7495 SCHOOLHOUSE ROAD | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | ELLISON, ALAN | |
| STREET ADDRESS | 7495 SCHOOLHOUSE ROAD | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | SAT | <input type="checkbox"/> Delete |
| NAME | BELOFF, MARISUE | |
| STREET ADDRESS | 6525 ALLISON ROAD | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **ELLISON, JAMES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 305-673-1101
 Date Daytime Phone #

CR2E034 (9/01)