

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17714

1. Entity Name
J.A. JIMENEZ & ASSOCIATES, P.A.Principal Place of Business
2800 EMATHLA ST.
MIAMI FL 331332. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-2598951Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, JOSE A.
2800 EMATHLA ST.
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

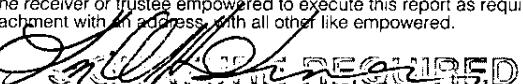
7. Name and Address of New Registered Agent

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, 2002 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	DP JIMENEZ, JOSE A. 2800 EMATHLA ST. MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:  **REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Jimenez

President

3-4-02

(305)854-2499

Date

Daytime Phone #

20208019 AV

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90011 022 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)