FILED

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

changed, or on an attachment with an address, with all other like empowered.

## Feb 05, 2001 8:00 am DOCUMENT # N0000001961 **Secretary of State** 1. Entity Name 02-05-2001 90039 040 \*\*\*\*61.25 JUBILEE GROUP, INC. Principal Place of Business Mailing Address 742 N.W. 12TH AVE. 742 N.W. 12TH AVE. TANAT MIAMI FL 33136 MIAMI FL 33136 2. Principal Place of Business Mailing Address 800 SW Ist Streat 800 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Wiami Not Applicable Country Country V A \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent traucis GUDORF, FRANCIA V Community JUBILEE COMMUNITY DEVELOPMENT CORPORATION 742 N.W. 12TH AVE. **MIAMI FL 33136** 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete DVST TITLE TITLE Change NAME GUDORF, FRANCIS V NAME 1800 SW 1st Street, #206 STREET ADDRESS STREET ADDRESS 742 N.W. 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33136 Delete TITLE TITLE Si Table Ur sw lit street NAME MASVIDAL, RAUL NAME STREET ADDRESS STREET ADDRESS 1401 PONCE DE LEON BLVD., STE, 402 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE TITLE Delete MAYER, DOUGLAS R NAME 1800 SW 1st Street, #206 STREET ADDRESS STREET ADDRESS 742 N.W. 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33136** ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if