

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003483

1. Entity Name

JONES RESOURCES CENTER, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90052 046 \*\*\*\*70.00

Principal Place of Business  
2261 NW 58 ST  
MIAMI FL 33169

Mailing Address  
2261 NW 58 ST  
MIAMI FL 33142-7818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0761739

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

JONES, WILLIE J  
2261 NW 58 ST  
MIAMI FL 33169

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, WILLIE J	
STREET ADDRESS	2261 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCOIS, BRENDA S	
STREET ADDRESS	19158 NW 67 CT	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, HELEN W	
STREET ADDRESS	19158 NW 67 CT	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, GERTCHEN	
STREET ADDRESS	2025 N.W. 132 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julius Jackson	
STREET ADDRESS	10390 48. TODAY WAY	
CITY-ST-ZIP	MIRAMAR FL 33085	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE J. JONES	
STREET ADDRESS	2261 N.W. 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT A. CHAMBERS	
STREET ADDRESS	645 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THELMA GOLDEN	
STREET ADDRESS	16230 N.W. 31 AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA JENNINGS BRAYNON	
STREET ADDRESS	1701 N.W. 191ST STREET	
CITY-ST-ZIP	MIAMI FL 33056-3338	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE HAWKINS	
STREET ADDRESS	4650 S.W. 24 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

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

SIGNATURE: *Willie J. Jones* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

305-643-1221

Date

Daytime Phone #

CR2E037 (9/99)