

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006839

1. Entity Name

JURIS MIAMI, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90158 011 ****61.25

Principal Place of Business

Mailing Address

C/O ADAMS, GALLINAR & IGLESIAS, P.A.
1200 BRICKELL AVE STE 900
MIAMI FL 33131
US

1200 BRICKELL AVE STE 900
MIAMI FL 33131-3255
US



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

65-0911687

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

AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVE
STE 900
MIAMI FL 33131

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	PTSD	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT R	
STREET ADDRESS	1200 BRICKELL AVE STE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GALLINAR, MICHAEL D	
STREET ADDRESS	1200 BRICKELL AVE STE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	IGLESIAS, MARIO A	
STREET ADDRESS	1200 BRICKELL AVE STE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	MEYER, JAMES M	
STREET ADDRESS	1200 BRICKELL AVE STE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

305 416 6800

Daytime Phone #

CR2E037 (9/99)