

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90039 041 ****61.25

DOCUMENT # N99000000439

1. Entity Name

JUBILEE BDM, INC.

Principal Place of Business

742 N.W. 12TH AVE.
MIAMI FL 33136

Mailing Address

742 N.W. 12TH AVE.
MIAMI FL 33136

2. Principal Place of Business

1800 SW 1st Street
Suite, Apt. #, etc.
#206

3. Mailing Address

1800 SW 1st Street
Suite, Apt. #, etc.
#206

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-0890512

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUDORF, FRANCIS V ED
JUBILEE COMMUNITY DEVELOPMENT CORPORATION
742 N.W. 12TH AVE.
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name

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

1800 SW 1st Street
#206

City

Miami

FL

Zip Code

33135

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

Francis V. Gudorf, Francis V. Gudorf

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, DOUGLAS R	
STREET ADDRESS	742 N.W. 12TH AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GUDORF, FRANCIS V	
STREET ADDRESS	742 N.W. 12TH AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, ROBERT A	
STREET ADDRESS	2701 LEJUNO ROAD STE 725	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1800 SW 1st Street, #206	
CITY-ST-ZIP	Miami, Florida 33135	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1800 SW 1st Street, #206	
CITY-ST-ZIP	Miami, Florida 33135	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha S. Tabio	
STREET ADDRESS	1801 SW 1st Street	
CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Francis V. Gudorf, Francis V. Gudorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 305-649-1553
Date Daytime Phone #

CR2E037 (10/00)