

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

0039023

DOCUMENT # N99000004165

1. Entity Name

JUBILEE/HOMETOWN STATION, INC.

02-05-2001 90039 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

1800 SW 1st Street

1800 SW 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#206

#206

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33135

Country  
USA

Zip  
33135

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0932601

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAMBERS, ROBERT A 2701 LEJEUNE RD STE 325 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, DOUGLAS 742 N.W. 12TH AVE. MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUDORF, FRANCIS V 742 N.W. 12TH AVE. MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

Date

305-649-1553

Daytime Phone #

CR2E037 (10/00)