

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019039

1. Entity Name
JUDY JACKSON, ARNP, INC.

Principal Place of Business
6335 NW 200 S
MIAMI FL 33015

Mailing Address
6335 NW 200 S
MIAMI FL 33015

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

65-1033532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JUDY
6335 NW 200 S
MIAMI FL 33015

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, JUDY
STREET ADDRESS 6335 NW 200 S
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE VD
NAME LINDO, ANDREA
STREET ADDRESS 1830 NW 175 ST
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE SD
NAME OUAR, CAMILLE
STREET ADDRESS 6335 NW 200 ST
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01

Date

305-623-0785

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90045 035 ***150.00



DO NOT WRITE IN THIS SPACE

0606043

CR2E034 (10/00)

9/1/01

Division of Corporation ~~Dist~~ P00000019039
B0005116

To whom It may concern.

I am submitting a check for \$150.00
for my corporation fees.

Due to some oversight I was not
aware of the penalties in not
filing this paper until recently.

I am asking for a one time
pardon for this oversight and
will from hereon file these papers
as required by you.

Thank you

Judy Jackson

JUDY JACKSON, ARNP INC.