

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025371

1. Entity Name

JONES MCMULLEN ENGINEERING, INC.

Principal Place of Business

Mailing Address

2610 HILOLA STREET
COCONUT GROVE FL 33133-2506

MIAMI INTERNATIONAL AIRPORT
POST OFFICE BOX 99-6610
MIAMI FL 33299-6610

2. Principal Place of Business

3. Mailing Address

521 NE 55 ST

521 NE 55 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33137

Zip

Country

33137

4. FEI Number

05-0989179

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name CATHERINE MCMULLEN

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

521 NE 55 STREET

City

MIAMI FL

FL

Zip Code

33137

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

Catherine McMullen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-01

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 PSTD
NAME MCMULLEN, CATHERINE
STREET ADDRESS 2610 HILOLA STREET
CITY-ST-ZIP COCONUT GROVE FL 33133-2506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME CATHERINE MCMULLEN ☒ Change ☐ Addition
STREET ADDRESS 521 NE 55 ST
CITY-ST-ZIP MIAMI FL 33137

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

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

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

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

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

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:

Catherine McMullen

3-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-14-2001 90504 029 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)