

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-29-2002 93596 048 ***150.00

DOCUMENT # **P000000062693**

1. Entity Name

AMANDIA JONES INC**DO NOT WRITE IN THIS SPACE****95349**

2. Principal Place of Business

277 RAFAEL POINTEWAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH FL

City & State

4. FEI Number

N/AApplied For
Not Applicable

Zip

33480

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **JONES AMANDIA**

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

277 RAFAEL POINTEWAY #102City **Palmbeach**

FL

Zip Code **33480****DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
	JONES AMANDIA	277 RAFAEL POINTEWAY	#102, PALM BEACH, FL 33480

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Amanda Jones / President**6/22/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)