

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90180 019 \*\*\*158.75

DOCUMENT # **P000006099160**

1. Entity Name  
**JONES IMPORT & EXPORT, INC.**

Principal Place of Business Mailing Address

**1045 SULTAN DRIVE**  
**MIAMI, FL 33054**

**A0065522**

2. Principal Place of Business  
**1045 SULTAN DRIVE**

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State, **MIAMI FL** City & State  
 Zip **33054** Country **USA** Zip Country  
 4. FEI Number **65-1049895** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DENSIL JONES**  
**1045 SULTAN AVE**  
**MIAMI FL 33054.**

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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DENSIL JONES</b> <input type="checkbox"/> Delete <b>1045 SULTAN AVE</b> <b>MIAMI FL, 33054.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TIFFANY Q. STEWART</b> <input type="checkbox"/> Delete <b>1045 SULTAN AVE</b> <b>MIAMI FL 33054</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jones* Date April 26<sup>th</sup> 01 Daytime Phone # \_\_\_\_\_

CR2E034 (11/00)