

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103313

1. Entity Name

JIMENEZ ENTERPRISES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90039 011 ***158.75

Principal Place of Business

6365 S.W. 35TH STREET
MIAMI FL 33155

Mailing Address

6365 S.W. 35TH STREET
MIAMI FL 33155

2. Principal Place of Business

1902 NW 36th St

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1059841

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

JIMENEZ, ADA
6365 S.W. 35TH STREET
MIAMI FL 33155

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JIMENEZ, ADA
STREET ADDRESS 6365 S.W. 35TH STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE VD
NAME JIMENEZ, RAUL
STREET ADDRESS 6365 S.W. 35TH STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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)(f), 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

04/04/01

Date

305-975-1220

Daytime Phone #

CR2E034 (10/00)