

2001 UNIFORM BUSINESS REPORT (UBR)

0126716 AT

DOCUMENT # P00000116307

1. Entity Name
JAIMES' ENTERPRISES, INC.

APPROVED
AND
FILED

01 JUL 13 AM 11:03

Principal Place of Business
347 S. ORANGE AVE.
ARCADIA FL 34266

Mailing Address
347 S. ORANGE AVE.
ARCADIA FL 34266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
03-15-01 90212 050 \$150.4

4. FEI Number 65-1072527 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ISAAC, ROOSEVELT S SR
347 S. ORANGE AVE.
ARCADIA FL 34266

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 *Roosevelt S. Isaac*
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME	ABTURO JAIMES	<input type="checkbox"/> Delete
STREET ADDRESS	Pres. 347 S. ORANGE AVE	
CITY-ST-ZIP		
TITLE NAME	ROSA L. JAIMES	<input type="checkbox"/> Delete
STREET ADDRESS	Sec. SAME	
CITY-ST-ZIP		
TITLE NAME	R. S. ISAAC	<input type="checkbox"/> Delete
STREET ADDRESS	V. Pres - SAME	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

NA 7/13

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: *Rosevelt S. Isaac*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-01

Date

Daytime Phone #

CR2E034 (5/01)

We sent ck. #1498 on February
20, 2001 for our Annual Corp.
fee. \$150.00

Arturo Jaime
Pres