

2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90080 007 ***150.00

DOCUMENT # P01000004091

1. Entity Name
JIMSI GROUP, INC.

Principal Place of Business
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

65-1067681

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

ALBORNOZ, WILLIAM H ESO
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number's 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 of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 15, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
ELIOPOULOS, GEORGES
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
ELIOPOULOS, GLADYS MORENO
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

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CITY-STATE-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplement is true and accurate and that my signature and name have the same legal effect as if made under oath. That I am an officer or director of the corporation or the individual who is authorized to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with this report, in the other line empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (305)444-1741

Date Daytime Phone