2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000034238

JONES-DAVIS, MELANIE

(X) Delete

14075 NW 5TH PLACE

MIAMI, FL 33168

JONES, BETTY

6195 NW 186 ST

MIAMI, FL 33015

TD

Name:

Title:

Name: Address:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: JONES & JONES INVESTMENTS, INC.

FILED Apr 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2123 RENAISSANCE BLVD. #207 MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 2123 RENAISSANCE BLVD. #207 MIRAMAR, FL 33025 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, KAREN 2123 RÉNAISSANCE BLVD. #207 MIRAMAR, FL 33025 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JONES, KAREN Name: Name: JONES, KAREN 2123 RENAISSANCE BLVD. #207 2123 RENAISSANCE BLVD. #207 Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025 VD Title: (X) Change () Addition Title: () Delete Name: JONES-WILLIAMS, LISA Name: JONES-DAVIS, MELANIE 12178 ST.ANDREWS PLACE, BLDG. 13-307 14075 NW 5TH PLACE Address: Address: MIAMI, FL 33168 City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: () Delete Title: SD Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

JONES, BETTY

6195 NW 186 ST. #418

() Change () Addition

HIALEAH, FL 33015

SIGNATURE: KAREN JONES P 04/15/2002