

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91297 043 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000051038**

1. Entity Name  
**JACK'S IN SOUTH MIAMI, INC.**

Principal Place of Business  
**5900 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143**

Mailing Address  
**5900 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1119321</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Zip		Country	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BERNAL, JOAQUIN M</b>				Name			
<b>5900 SOUTH DIXIE HIGHWAY</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>SOUTH MIAMI FL 33143</b>				City			
				<b>FL</b> 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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <del>After May 1, 2002 Fee will be \$550.00</del> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNAL, JOAQUIN M</b> <b>5900 SOUTH DIXIE HIGHWAY</b> <b>SOUTH MIAMI FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **DATE:** **4/29/02** **DAYTIME PHONE #:** **305 662 7709**

CR2E034 (9/01)