

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90164 027 ***150.00

0416621 AV

DOCUMENT # P01000069884

1. Entity Name
JRM OF HILLSBOROUGH, INC.

Principal Place of Business
13203 SPINDLEWYCK COVE
RIVERVIEW FL 33569

Mailing Address
13203 SPINDLEWYCK COVE
RIVERVIEW FL 33569



2. Principal Place of Business
7805 Professional Place,

3. Mailing Address
7805 Professional Place,

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33637

USA

33637

USA

4. FEI Number

59-3730115

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

MAHIQUEZ, LUIS F
13203 SPINDLEWYCK COVE
RIVERVIEW FL 33569

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, 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 to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MAHIQUEZ, LUIS F**
 STREET ADDRESS **13203 SPINDLEWYCK COVE**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **D** ☐ Delete
 NAME **ROBERTSON, MARGARET A**
 STREET ADDRESS **11012 SOUTHWALK LANE**
 CITY-ST-ZIP **RALEIGH NC 27614**

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

TITLE **D** ☐ Delete
 NAME **JEAN, HENRI V**
 STREET ADDRESS **530 LAFAYETTE BLVD**
 CITY-ST-ZIP **OLDMAR FL 34677**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 813 626 7775
 Date Daytime Phone #

CR2E034 (9/01)