

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90037 029 \*\*\*150.00

**DOCUMENT # P01000093840**

1. Entity Name

**MAIR, JEAN-FRANCOIS & ASSOCIATES, P.A.**

Principal Place of Business

**601 IVES DAIRY RD.  
H-302  
MIAMI FL 33179**

Mailing Address

**601 IVES DAIRY RD.  
H-302  
MIAMI FL 33179**

2. Principal Place of Business

**3500 N. State Rd. 7  
Suite, Apt. #, etc.  
# 479**

3. Mailing Address

**3500 N. State Rd. 7  
Suite, Apt. #, etc.  
# Ste. 479**

City & State

**Fort Lauderdale, FL**

**Zip 33319 Country Broward**

City & State

**Fort Lauderdale, FL**

**Zip 33319 Country Broward**

4. FEI Number

**65-1140945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JEAN-FRANCOIS, JAMES  
601 IVES DIRY RD.  
H-302  
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **JEAN-FRANCOIS, JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**3500 N. State Rd. 7, Ste. 479**  
City **Fort Lauderdale, FL** Zip Code **33319**

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 and address of agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/02**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAIR, KENNETH</b>	
STREET ADDRESS	<b>1004 S.W. 22ND AVE</b>	
CITY-ST-ZIP	<b>FORT-LAUDERDALE FL 33172</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JEAN-FRANCOIS, JAMES</b>	
STREET ADDRESS	<b>601 IVES DAIRY RD. H-302</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/02 954-730-0082**

0286393

AV