

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90159 019 ***150.00

DOCUMENT # P01000106859

1. Entity Name
J HELLEM & ASSOCIATES, INCORPORATED



Principal Place of Business
**771 FAIRWAY DRIVE
MIAMI BEACH FL 33141**

Mailing Address
**771 FAIRWAY DRIVE
MIAMI BEACH FL 33141**

2. Principal Place of Business
920 NORTH SHORE DRIVE

3. Mailing Address
920 NORTH SHORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33141

Country
USA

Zip
33141

Country
USA

4. FEI Number **65-1155190**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HELLEM, JAMES E
771 FAIRWAY DRIVE
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
JAMES E. HELLEM
Street Address (P.O. Box Number is Not Acceptable)
920 NORTH SHORE DRIVE
City
MIAMI BEACH **FL** Zip Code
33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E Hellem*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HELLEM, JAMES E
771 FAIRWAY DRIVE
MIAMI BEACH FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAMES E. HELLEM
920 NORTH SHORE DRIVE
MIAMI BEACH, FL 33141** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E Hellem*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 305.788.1183

CR2E034 (10/02)