

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90068 031 \*\*\*150.00

**DOCUMENT # P01000116414**

**1. Entity Name**  
**KEVIN R. JONES, P.A.**

**Principal Place of Business**

**1800 N. BAYSHORE DRIVE**  
**APT. #A-21**  
**MIAMI FL 33132**

**Mailing Address**

**1800 N. BAYSHORE DRIVE**  
**APT. #A-21**  
**MIAMI FL 33132**

**2. Principal Place of Business**

**111 NE First St**  
**Suite, Apt. #, etc.**  
**904**

**City & State**

**Miami, FL**

**Zip**  
**33132**

**Country**  
**USA**

**3. Mailing Address**

**111 NE First Street**  
**Suite, Apt. #, etc.**  
**904**

**City & State**

**Miami, FL**

**Zip**  
**33132**

**Country**  
**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**01-0592860**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JONES, KEVIN R**  
**1800 N. BAYSHORE DRIVE**  
**APT. #A-21**  
**MIAMI FL 33132**

**7. Name and Address of New Registered Agent**

**Name**

**Kevin R. Jones**

**Street Address (P.O. Box Number is Not Acceptable)**

**111 NE First St. Ste 904**

**City**  
**Miami**

**FL**

**Zip Code**  
**33132**

**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**

*Kevin R. Jones*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**09/09/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>JONES, KEVIN R</b> <b>1800 N. BAYSHORE DRIVE, APT. #A-21</b> <b>MIAMI FL 33132</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>Jones, Kevin R</b> <b>111 NE first st. ste 904</b> <b>miami, FL 33132</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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 all other like empowered.**

**SIGNATURE:**

*Kevin R. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09/09/02 305-357-0297**

Date

Daytime Phone #

CR2E034 (4/02)

*A. Hachnest*  
PO/000116414  
Kevin R. Jones P.A.  
111 NE first St. ste 904  
Miami, Fl 33132

Monday, September 09, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

To Whom It May Concern:

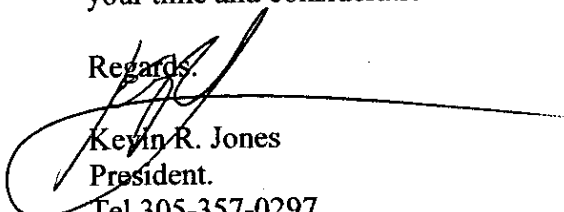
I am writing to petition you for a waiver of the late penalty. I incorporated late last year and was unaware of the filing requirement. In addition, as my form will indicate, I moved from my previous address and thus did not receive the initial mailing. The only notice I received was the late penalty notice which was forwarded by the post office late last month.

I have spoken with a representative at your office and they have informed me that in order to be considered for a late penalty waiver I must do the following:

- a. send in a completed form;
- b. send in a check for (\$150.00);
- c. send this letter.

I believe I have complied with your representatives instructions. If you need any further information to consider this petition, please do not hesitate to call. Thank you for your time and considerations.

Regards,

  
Kevin R. Jones  
President.  
Tel 305-357-0297