

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90719 030 ***150.00

DOCUMENT # P02000055612

1. Entity Name

MELBA JIMENEZ, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7248 Firethorne Drive

Suite, Apt. #, etc.

3. Mailing Address

7248 Firethorne Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

02-0605853

Applied For

Not Applicable

Zip 34240

Country

Zip 34240

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Melba Jimenez

Street Address (P.O. Box Number is Not Acceptable)
7248 Firethorne Drive

City Sarasota

FL

Zip Code 34240

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DP
NAME Melba Jimenez
STREET ADDRESS 7248 Firethorne Drive
CITY-ST-ZIP Sarasota, FL 34240

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Jimenez

Melba Jimenez, Pres.

3-31-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)