

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 MAY -8 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000155367
1. Entity Name Jones Direct Corp.

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2. Principal Place of Business 6470 Main St. Suite, Apt. #, etc. Suite 311 City & State Miami Lakes, FL Zip 33014-2263	3. Mailing Address 6470 Main St. Suite, Apt. #, etc. Suite 311 City & State Miami Lakes, FL Zip 33014-2263
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4. FEI Number 20-8586478	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name Jones, Jose J.	
Street Address (P.O. Box Number is Not Acceptable) 6470 Main St.	
Apt. 311	
City Miami Lakes	FL Zip Code 33014-2263

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
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January 1 - May 1 Fee is \$160.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Jones, Carlos A. 6470 Main St., Apt. 311 Miami Lakes, FL 33014-2263
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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)(l), 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: <u>CARLOS A. JONES</u> Carlos A. Jones	305-613-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #