

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027697

1. Entity Name

JOHANNA JACKSON INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90035 033 \*\*\*150.00

Principal Place of Business

Mailing Address

7157 SW 117 AVE  
KENDALL FL 33183  
US

7687 NW 177 TERRACE  
MIAMI FL 33015  
US

2. Principal Place of Business

3. Mailing Address

7157 SW 117 AVE

7687 NW 177 terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Kendall FL

Miami FL 33015

City & State

City & State

Kendall FL

City & State

Zip 33183

Country US

Zip 33015

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0476794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, JOHANNA  
7687 NW 177 TERRACE  
MIAMI FL 33015

Name

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

City

FL

Zip Code

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JACKSON, JOHANNA  
STREET ADDRESS 7687 NW 177 TERRACE  
CITY-ST-ZIP MIAMI FL 33015

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)