2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90018 044 ***150.00

DOCUMENT # P94000026860

1. Entity Name
JAMAICA PLACE Inc.

Principal Place of Business — Mailing Address
17047 S. Dixie Hwy.
Miami, Fl. 33157.

768704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17047 S. Dixie Hwy	17047 S. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Mia, Florida
Zip 33157 — Country	Zip 33157 — Country

4. FEI Number 94-3201925 ☐ 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
Dornett Mullings 15965 SW 153 Court Miami, Fl. 33187	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, 2001 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 Director ☐ Delete NAME Leary Mullings STREET ADDRESS 15965 SW 153 Ct CITY-ST-ZIP Mia Fl 33187	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Director ☐ Delete NAME Dornett Mullings STREET ADDRESS 15965 SW 153 ct. CITY-ST-ZIP Mia, Fl 33187	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
768704

Florida Profit

JAMAICA PLACE, INC.

PRINCIPAL ADDRESS
17047 S. DIXIE HWY
MIAMI FL 33157
Changed 05/01/1995

MAILING ADDRESS
17047 S. DIXIE HWY
MIAMI FL 33157
Changed 05/01/1995

Document Number	FEI Number	Date Filed
P94000026860	943201925	04/04/1994
State	**Status**	**Effective Date**
FL	ACTIVE	NONE
Last Event	**Event Date Filed**	**Event Effective Date**
NAME CHANGE AMENDMENT	11/23/1994	NONE

Registered Agent

Name & Address
MULLINGS, DORNETT 15965 S.W. 153RD CT. MIAMI FL 33187

Officer/Director Detail

Name & Address	Title
MULLINGS, LEARY 15965 S.W. 153RD CT. MIAMI FL 33187	D
MULLINGS, DORNETT 15965 S.W. 153RD CT. MIAMI FL 33187	D