

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90307 049 \*\*\*150.00

**DOCUMENT # P94000026860**

1. Entity Name

**JAMAICA PLACE, INC.**

Principal Place of Business

**17047 S. DIXIE HWY  
 MIAMI FL 33157**

Mailing Address

**17047 S. DIXIE HWY  
 MIAMI FL 33157**

2. Principal Place of Business

**1599 SW 159 Terr.**

3. Mailing Address

**1599 SW 159 Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**P.Pines, FL.**

City & State

**Pembroke Pines, FL.**

Zip

**33027**

Country

Zip

**33027**

Country

4. FEI Number

**94-3201925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MULLINGS, DORNETT  
 15965 S.W. 153RD CT.  
 MIAMI FL 33187**

7. Name and Address of New Registered Agent

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, 2002 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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D MULLINGS, LEARY 15965 S.W. 153RD CT. MIAMI FL 33187</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D MULLINGS, DORNETT 15965 S.W. 153RD CT. MIAMI FL 33187</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**REQUIRED LEARY MULLINGS 4/28/02**

CR2E034 (9/01)