

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90120 012 \*\*\*150.00

**DOCUMENT # P94000034826**

1. Entity Name  
**JILL SHARON WHITE P.A.**

Principal Place of Business

**2400 S DIXIE HWY  
105  
MIAMI FL 33133  
US**

Mailing Address

**2400 S DIXIE HWY  
105  
MIAMI FL 33133  
US**

2. Principal Place of Business

**1450 Madruga Ave.  
Suite**

3. Mailing Address

**1450 Madruga Ave.  
Suite 305**

City & State  
**Coral Gables, FL**  
Zip  
**33146**  
Country  
**USA**

City & State  
**Coral Gables, FL**  
Zip  
**33146**  
Country  
**USA**

4. FEI Number **65-0487611**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JILL S  
2400 S DIXIE HWY  
STE 105  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name  
**Jill Sharon White**  
Street Address (P.O. Box Number is Not Acceptable)  
**1450 Madruga Ave.  
Suite 305**  
City  
**Coral Gables** **FL** Zip Code  
**33146**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WHITE, JILL S**  
**2400 S. DIXIE HWY STE 105**  
**MIAMI FL 33158** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director**  
**White, Jill S.** ☒ Change ☐ Addition  
**1450 Madruga Ave. Ste 305**  
**Coral Gables, FL 33146** ☐ 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 #

**Jill White** **4/28/01** **(305) 667-5002**

CR2E034 (10/00)