

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 022 ***150.00

DOCUMENT # P95000048225

1. Entity Name
MIAMI BAIL BONDS, INC.

Principal Place of Business

**2001 NW 7TH STREET
 301
 MIAMI FL 33136**

Mailing Address

**1850 S.W. 8TH ST., STE. 312
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

2001 NW 7TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-301

City & State

City & State

Miami, FL 33125

Zip

Country

Zip

Country

33125 USA

4. FEI Number

65-0604758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAY, DON
 808 MAJORCA
 CORAL GABLES FL 33134**

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

TITLE **PD** ☐ Delete
 NAME **MCCONNELL, SHARON**
 STREET ADDRESS **1850 S.W. 8TH ST., STE. 312**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Sharon McConnell**
 STREET ADDRESS **2001 NW 7th St #301**
 CITY-ST-ZIP **Miami, FL 33125**

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

TITLE ☐ Change ☐ Addition
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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:

Sharon McConnell
 PRES.

Sharon McConnell
 PRES.

4/29/02 305-341-5050
 Date Daytime Phone #

CR2E034 (9/01)