

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90141 005 ***163.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000080763

1. Entity Name
THE IBIS-JUMBO COMPANY

Principal Place of Business
**520 HARBOR DRIVE
 KEY BISCAYNE FL 33149-1707
 US**

Mailing Address
**520 HARBOR DRIVE
 KEY BISCAYNE FL 33149-1707
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0641902** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MCCLYMONDS, ROBERT C
 520 HARBOR DRIVE
 KEY BISCAYNE FL 33149-1707**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Delete
PD	CARRAZANA, ALICIA M	520 HARBOR DRIVE	KEY BISCAYNE FL 33149-1707	☐
VD	CARRAZANA, ENRIQUE A	520 HARBOR DRIVE	KEY BISCAYNE FL 33149-1707	☐
VTD	CARRAZANA, MARIA D	520 HARBOR DRIVE	KEY BISCAYNE FL 33149-1707	☐
SD	CARRAZANA, ENRIQUE J	520 HARBOR DRIVE	KEY BISCAYNE FL 33149-1707	☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	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: ALICIA M. CARRAZANA - PRESIDENT JAN.05/01.- (305) 361-2645
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (10/00)