

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088424

1. Entity Name
JIMENEZ & JIMENEZ CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90293 019 ***150.00

645953



DO NOT WRITE IN THIS SPACE

Principal Place of Business 951 BAY DRIVE SUITE 03 MIAMI BEACH FL 33141	Mailing Address 951 BAY DRIVE SUITE 03 MIAMI BEACH FL 33141
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0621181	Applied For
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JIMENEZ, HERNER 951 BAY DRIVE SUITE 03 MIAMI BEACH FL 33141	
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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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, HERNER 951 BAY DRIVE, SUITE 03 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, MAURICIO 951 BAY DRIVE, SUITE 03 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hebert Jimenez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01 305-8642603
Date Daytime Phone #

CR2E034 (10/00)