

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022053

1. Entity Name

LAW OFFICES OF ROBERT R. JENNINGS, JR. P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 034 ***150.00

Principal Place of Business

9485 SUNSET DR
SUITE A-270
MIAMI FL 33173-3273
US

Mailing Address

9485 SUNSET DR
SUITE A-270
MIAMI FL 33173-5415
US

2. Principal Place of Business

9495 Sunset Drive

Suite, Apt. #, etc.

Suite B-290

City & State

Miami, FL

Zip

33173

Country

U.S.

3. Mailing Address

9495 Sunset Drive

Suite, Apt. #, etc.

Suite B-290

City & State

Miami, FL

Zip

33173

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0766542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, ROBERT R JR
9485 SUNSET DR
SUITE A-270
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
JENNINGS, ROBERT R. JR, P.A.

Street Address (P.O. Box Number is Not Acceptable)

9495 Sunset Drive

Suite B-290

City

Miami

FL

Zip Code

33173

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, ROBERT R JR	
STREET ADDRESS	9485 SUNSET DR, SUITE A-270	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, ROBERT R. JR	
STREET ADDRESS	9495 Sunset Drive, Suite B-290	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

3-3-00 (305) 271-0899

CR2E034 (9/99)