

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90224 019 ***150.00

DOCUMENT # P97000002467



1. Entity Name
ANA M. JHONES, P.A.

Principal Place of Business
**330 BISCAYNE BLVD
STE 625
MIAMI FL 33132
US**

Mailing Address
**330 BISCAYNE BLVD
STE 625
MIAMI FL 33132
US**

2. Principal Place of Business
220 Miracle Mile

3. Mailing Address
220 Miracle Mile

Suite, Apt. #, etc.
Suite 235

Suite, Apt. #, etc.
Suite 235

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip
33134

Country
Miami-Dade

Zip
33134

Country
Miami-Dade

4. FEI Number
65-0723386

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JHONES, ANA M
330 BISCAYNE BLVD
STE 625
MIAMI FL 33132**

Name
Ana-M. Jhones

Street Address (P.O. Box Number is Not Acceptable)
220 Miracle Mile, Suite 235

City
Coral Gables

FL Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ana M. Jhones* (President) **1-8-03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Ana M. Jhones <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JHONES, ANA M		NAME	220 Miracle Mile, Suite 235	
STREET ADDRESS	330 BISCAYNE BLVD STE 625		STREET ADDRESS	Coral Gables FL 33134	
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Ana M. Jhones* (President) **1-8-03** (305) 461-0700
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)