

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000010894

1. Entity Name
MITCHELL E. JACOBS, P.A.



Principal Place of Business
15001 NW 42ND AVENUE
MIAMI, FL 33054-2324 US

Mailing Address
15001 NW 42ND AVENUE
MIAMI, FL 33054-2324 US



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0726452

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBS, MITCHELL E
15001 NW 42ND AVENUE
MIAMI, FL 33054

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2004 Fee will be \$550.00**

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

000000103827
04/05/04-80072-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME JACOBS, MITCHELL E
STREET ADDRESS 15001 NW 42ND AVENUE
CITY-ST-ZIP MIAMI, FL 33054

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mitchell E. Jacobs PRESIDENT 4/2/04 (305) 687-8825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #