

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0302701 AV

DOCUMENT # P97000035156

1. Entity Name
MADRIZ JIMENEZ, INC.



FILED

03 FEB -4 AM 11:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
17723 SW 145 AVE.
MIAMI FL 33177

Mailing Address
17723 SW 145 AVE
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0757609

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADRIZ, MIGUEL A
17723 SW 145 AVE
MIAMI FL 33177

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

SIGNATURE _____ (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 ☐ Delete
NAME MADRIZ, MIGUEL A
STREET ADDRESS 17723 SW 145 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☐ Change ☒ Addition
NAME MADRIZ, ERIKA
STREET ADDRESS 17723 SW 145 AVE.
CITY-ST-ZIP MIAMI, FL. 33177

TITLE D ☐ Delete
NAME JIMENEZ, PAULA X
STREET ADDRESS 17723 SW 145 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Change ☐ Addition
NAME 200012324102
STREET ADDRESS 02/11/03--01085--003 **158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MADRIZ, MIGUEL A - PRES. 1/30/03 (305) 278-1293

Date Daytime Phone #

CR2E034 (10/02)