

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015609

1. Entity Name

BIKINI JUNGLE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90233 031 ***150.00

Principal Place of Business

Mailing Address

124 11TH STREET
MIAMI BEACH FL 33139

124 11TH STREET
MIAMI BEACH FL 33139-5820

2. Principal Place of Business

865 COLLINS AVE

3. Mailing Address

865 COLLINS AVE

Suite, Apt. #, etc.

UNIT C

Suite, Apt. #, etc.

UNIT C

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0813143

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

33139

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JING, GEORGE
124 11TH STREET
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

JING, GEORGE

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

865 COLLINS AVE
UNIT C

City

Miami Beach

FL

Zip Code

33139

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

George Jing

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 PD ☐ Delete
NAME JING, GEORGE
STREET ADDRESS 124 11TH STREET
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME JING, GEORGE
STREET ADDRESS 865 COLLINS AVE UNIT C
CITY-ST-ZIP MIAMI BEACH FL 33139

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

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

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

TITLE ☐ Change ☐ 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 #

1-14-99(305)5343660

CR2E034 (9/99)