

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037986

1. Entity Name  
**JUDITH IVORY, INC.**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90302 050 \*\*\*150.00

Principal Place of Business  
~~9800 SO DADELAND BLVD STE 406~~  
~~MIAMI FL 33156~~

Mailing Address  
~~9800 SO DADELAND BLVD STE 406~~  
~~MIAMI FL 33156~~

2. Principal Place of Business  
**8501 SW 54 Court**

Suite, Apt. #, etc.

3. Mailing Address  
**8501 SW 54 Court**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0833795**

Applied For  
Not Applicable

Zip  
**33143**

Country  
**USA**

Zip  
**33143**

Country  
**USA**

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

Name **JUDY CUEVAS**

Street Address (P.O. Box Number is Not Acceptable)  
**8501 SW 54 COURT**

City **MIAMI**

FL

Zip Code  
**33143**

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 **JUDITH K. CUEVAS, PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **2/28/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST**  
**CUEVAS, JUDITH**  
**8501 SW 54 COURT**  
**MIAMI FL 33143**

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

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☐ Change ☐ Addition

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 employees.

SIGNATURE: **JUDITH K. CUEVAS, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/28/01** DAYTIME PHONE # **305/665-4153**

CR2E034 (10/00)