

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087795

1. Entity Name

JRJ PODIATRY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90059 038 ***150.00

Principal Place of Business

401 CORAL WAY
SUITE 310
CORAL GABLES FL 33134

Mailing Address

401 CORAL WAY
SUITE 310
CORAL GABLES FL 33134-4926

2. Principal Place of Business

401 Coral Way
Suite, Apt. #, etc.
Suite 310

3. Mailing Address

401 Coral Way
Suite, Apt. #, etc.
Suite 310

City & State

Coral Gables, FL
Zip 33134 Country ~~USA~~ 48

City & State

Coral Gables, FL
Zip 33134 Country 4.8

4. FEI Number

65-0869599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEANETTE
1227 SEAVIEW
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name Jeannette R. Johnson

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

1227 Seaview

City

N. Lauderdale

FL

Zip Code

33068

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

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 ☐ Delete
NAME DP
JOHNSON, JEANETTE R
STREET ADDRESS 1227 SEAVIEW
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Delete
NAME VM
JOHNSON, A. W.
STREET ADDRESS 1227 SEAVIEW
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

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

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

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

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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

Jeannette R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)