2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empower changed, or on an attachment with an addres

FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P98000091900** JOHNSON MANAGEMENT SERVICES, INC. 04-10-2000 90024 014 ***150.00 Mailing Address Principal Place of Business 755 NORTHEAST 97 STREET 755 NORTHEAST 97 STREET MIAMI SHORES FL 33138-2525 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0872072 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, MARY R Street Address (P.O. Box Number is Not Acceptable) **755 NE 97 STREET** MIAMI SHORES FL 33138 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** TITLE ☐ Change ☐ Delete TITLE JOHNSON, MARY R NAME NAME 755 NORTHEAST 97 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI SHORES FL 33138 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accypage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his sport as required by Chapter 607, Florida Statutes; and that by name appeals in Block 1 or Block 12 i