

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90034 016 \*\*\*150.00

DOCUMENT # P99000021504

1. Entity Name

D&J GIMENEZ, INC.

Principal Place of Business

2551 TWIN SPRINGS DRIVE SOUTH  
JACKSONVILLE FL 32246

Mailing Address

P.O. BOX 16952  
JACKSONVILLE FL 32245-6952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GIMENEZ, JULIA  
2551 TWIN SPRINGS DRIVE SOUTH  
JACKSONVILLE FL 32246

Name

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

13875 WINDSOR PARKE DR. N.

City

JACKSONVILLE

FL

Zip Code

32224

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

*Julia Leez Gimenez*

3/25/01

Signature, typed or printed name of registered agent and 1. 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, 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  
PVPD  
GIMENEZ, JULIA  
2551 TWIN SPRINGS DRIVE SOUTH  
JACKSONVILLE FL 32246

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13875 Windsor Parke DR. N.  
Jax, Fl 32224

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GIMENEZ, DANIEL  
2551 TWIN SPRINGS DRIVE SOUTH  
JACKSONVILLE FL 32246

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13875 Windsor Parke DR. N.  
Jax, Fl 32224

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 empowered.

SIGNATURE:

*Julia Leez Gimenez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/01

Date

285-4031

Daytime Phone #

CR2E034 (10/00)