

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90234 012 \*\*\*150.00

003638 AV

|   |   |
|---|---|
| <b>DOCUMENT # P99000027425</b>  |   |
| 1. Entity Name<br><b>JALID JOSE AMER, P.A.</b>                                      |   |
| Principal Place of Business<br><b>610 NORTHEAST 55TH TERRACE<br/>MIAMI FL 33137</b> | Mailing Address<br><b>610 NORTHEAST 55TH TERRACE<br/>MIAMI FL 33137</b> |
| 2. Principal Place of Business<br><b>669 NE 60th STREET</b>                         | 3. Mailing Address<br><b>669 NE 60th STREET</b>                         |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |



DO NOT WRITE IN THIS SPACE

|   |                                  |                                    |  |
|---|----------------------------------|------------------------------------|--|
| City & State<br><b>MIAMI, FLA</b>                         | City & State<br><b>MIAMI, FL</b> | 4. FEI Number<br><b>65-0914416</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33137</b>                                       | Country<br><b>USA</b>            | Zip<br><b>33137</b>                | Country<br><b>USA</b>                                  |
| 5. Certificate of Status Desired <input type="checkbox"/> |                                  | \$8.75 Additional Fee Required     |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>343 ALMERIA AVENUE<br/>CORAL GABLES FL 33134</b> | 7. Name and Address of New Registered Agent<br><b>JALID JOSE AMER<br/>669 NE 60th STREET<br/>MIAMI, FL 33137</b> |
|---|--|

|   |         |
|---|---------|
| 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. | 7/10/01 |
| SIGNATURE   | DATE    |

|   |  |   |
|---|--|---|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 12, 2001 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>AMER, JALID J<br/>610 NORTHEAST 55TH TERRACE<br/>MIAMI FL 33137</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>AMER, JALID J<br/>669 NE 60th STREET<br/>MIAMI, FL 33137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** **JALID JOSE AMER** 7/10/01 (305) 758-8888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
#P9900002745  
A0078229

7-10-01

TO WHOM IT MAY CONCERN,

PLEASE EXCUSE my Delay.  
I just went thru a divorce  
and all my mail was at my  
old ADDRESS. THIS will NEVER  
Happen AGAIN. I Hope you  
understand.

THANK YOU

Jalid JOSE Amer