

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048731

1. Entity Name

JUAN J. JIMENEZ, P.A.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90147 023 ***150.00

Principal Place of Business

250 BIRD ROAD #102
CORAL GABLES FL 33146

Mailing Address

250 BIRD ROAD #102
CORAL GABLES FL 33146-1424

2. Principal Place of Business

250 BIRD ROAD

Suite, Apt. #, etc.

#200

City & State

MIAMI, FL

Zip

33146

Country

3. Mailing Address

250 BIRD ROAD

Suite, Apt. #, etc.

#200

City & State

MIAMI, FL

Zip

33146

Country

4. FEI Number

65-0923266

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, JUAN J ESQ.
250 BIRD ROAD #102
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

JIMENEZ, JUAN J.

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

250 BIRD ROAD

#200

City

MIAMI

FL

Zip Code

33146

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 JUAN J. JIMENEZ
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/00
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 PD
NAME JIMENEZ, JUAN J
STREET ADDRESS 250 BIRD ROAD #102
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JIMENEZ, JUAN J
STREET ADDRESS 250 BIRD ROAD #200
CITY-ST-ZIP MIAMI, FL 33146 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN J. JIMENEZ

Date

Daytime Phone #

4/17/00 444-9100