

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056543

1. Entity Name

J.I.M.I. 4 REAL, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90055 031 ***550.00

Principal Place of Business
 3390 FOXCROFT RD., SUITE C-111
 MIRAMAR FL 33025

Mailing Address
 3390 FOXCROFT RD., SUITE C-111
 MIRAMAR FL 33025

2. Principal Place of Business
 3390 Foxcroft Rd

Suite, Apt. #, etc.
 #C-111

3. Mailing Address
 P.O. Box 245805

Suite, Apt. #, etc.

City & State
 Miramar, FL

City & State
 Pembroke Pines, FL

4. FEI Number
 65-0945409

Applied For
 Not Applicable

Zip
 33025

Country
 U.S.

Zip
 33024

Country
 U.S.

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

SPANN, JAMES JR.
 3390 FOXCROFT RD., SUITE C-111
 MIRAMAR FL 33025

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 PVST
 SPANN, JAMES JR.
 P.O. BOX 69-4393
 MIAMI FL 33269 ☐ Delete

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

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 MIAMI FL 33269 ☐ Delete

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 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: JAMES SPANN JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

(954) 478-4139

Date

Daytime Phone #

CR2E034 (5/00)