

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90001 039 \*\*\*150.00

**DOCUMENT # P99000077965**

1. Entity Name

**BIG JIMS BAIL BONDS, INC**

Principal Place of Business

**251 S HOMESTEAD BLVD  
HOMESTEAD FL 33030**

Mailing Address

**PO BOX 3434 46  
FLORIDA CITY FL 33034**

2. Principal Place of Business

**17421 SW 267 LANE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HOMESTEAD, FL**

City & State

Zip

**33031**

Country

**DAOE**

Zip

Country

4. FEI Number

**65-1137613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, MILTON J  
17421 SW S67 LANE  
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name **MARY RIVERA**  
Street Address (P.O. Box Number is Not Acceptable)  
**17421 SW 267 LANE**  
City **HOMESTEAD** FL Zip Code **33030**

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

**01-28-02**

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, 2002 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 **P** ☒ Delete  
NAME **MORRIS, MILTON J**  
STREET ADDRESS **251 S HOMESTEAD BLVD**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VP** ☐ Delete  
NAME **RIVERA, SAMMY**  
STREET ADDRESS **251 S HOMESTEAD BLVD**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **S** ☐ Delete  
NAME **RIVERA, ROBERTO**  
STREET ADDRESS **251 S HOMESTEAD BLVD**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **MARY RIVERA**  
STREET ADDRESS **17421 SW 267 LANE**  
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **VP** ☒ Change ☐ Addition  
NAME **RIVERA, SAMMY**  
STREET ADDRESS **17421 SW 267 LANE**  
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **S** ☒ Change ☐ Addition  
NAME **RIVERA, ROBERTO**  
STREET ADDRESS **17421 SW 267 LANE**  
CITY-ST-ZIP **HOMESTEAD, FL 33031**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

Date

Daytime Phone #

**01-28-02**

CR2E034 (9/01)