

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082309

1. Entity Name
ARCHIVE AMERICA OF JACKSONVILLE, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90126 001 ***450.00

Principal Place of Business
9350 S DIXIE HIGHWAY, SUITE 900
MIAMI FL 33156

Mailing Address
9350 S DIXIE HIGHWAY, SUITE 900
MIAMI FL 33156

24593



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3455 NW 54 Street
Suite, Apt. #, etc.

3. Mailing Address
3455 NW 54 Street
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number APPLIED FOR
65-0159194

Applied For
Not Applicable

Zip
33142

Country

Zip
33142

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

BLANK, ANDREW
9350 S DIXIE HIGHWAY, SUITE 900
MIAMI FL 33156

Name
BLANK, ANDREW

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

3455 NW 54 Street

City
MIAMI

FL

Zip Code
33142

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 \$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
D
BLANK, ANDREW
9350 S DIXIE HIGHWAY, SUITE 900
MIAMI FL 33156 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)