

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-03-2000 90040 010 ***550.00

DOCUMENT # P99000089794

1. Entity Name

JUST DO IT OF MIAMI, INC.

Principal Place of Business
 4932 FISHER ISLAND DR.
 FISHER ISLAND FL 33109

Mailing Address
 4932 FISHER ISLAND DR.
 FISHER ISLAND FL 33109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, GILBERT A
 1401 PONCE DE LEON BLVD.
 SUITE 401
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Mary Ann Portell

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

4932 Fisher Island Dr.

City

Fisher Island

FL

Zip Code

33109

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

Mary Ann Portell

7/29/00

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
 D
 PORTEL, MARYANN
 4932 FISHER ISLAND DR.
 FISHER ISLAND FL 33109 ☐ Delete

TITLE
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☐ 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: *Mary Ann Portell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARY ANN PORTELL

7/29/00

Date

305-710-5188

Daytime Phone #

CR2E034 (5/00)