

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05880

1. Entity Name

J. POOLE ASSOCIATES, INC.

Principal Place of Business

13611 S DIXIE HWY  
MIAMI FL 33178  
US

Mailing Address

13611 S DIXIE HWY  
MIAMI FL 33178  
US

2. Principal Place of Business

12509 S Dixie Hwy  
Suite, Apt. #, etc.  
Miami, FL

3. Mailing Address

12509 S Dixie Hwy  
Suite, Apt. #, etc.

City &amp; State

33156

City &amp; State

Miami, FL

Zip

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0223982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POOLE, JEANETTE I

13611 S DIXIE HWY 12509 S Dixie Hwy  
MIAMI FL 33178 Miami, FL 33156

7. Name and Address of New Registered Agent

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POOLE, JEANETTE I.	
STREET ADDRESS	6480 S.W. 133RD DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	POOLE, DONALD K.	
STREET ADDRESS	6480 SW 133 DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Jeanette I. Poole

Daytime Phone #

5/21/02 305-253-2940

FILED  
Jun 02, 2002 8:00 am  
Secretary of State

05-09-2002 90024 034 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)