

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S48791**

1. Entity Name  
**JMI ENGINEERS, INC.**

01-29-2001 90134 008 \*\*\*158.75

**FILED**  
S48791

01 FEB 12 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1424 E. PIEDMONT DR.  
STE 100  
TALLAHASSEE FL 32312  
US**

Mailing Address  
**1424 E. PIEDMONT DR.  
STE 100  
TALLAHASSEE FL 32312  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0337209**

Applied For  
Not Applicable

Zip

Country

Zip

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **D**  Delete  
NAME **TASSIN, DANIEL**  
STREET ADDRESS **9444 BALBOA AVE, STE 200**  
CITY-ST-ZIP **SAN DIEGO CA 92123**

TITLE  Change  Addition  
NAME **Officer, Secretary/AO**  
STREET ADDRESS **Linda Hazelton**  
CITY-ST-ZIP **250 Park Ave South, 9th Fl, New York NY 10003**

TITLE **D**  Delete  
NAME **HOPE, LEONARD**  
STREET ADDRESS **250 PARK AVENUE SOUTH**  
CITY-ST-ZIP **NEW YORK NY 10003**

TITLE  Change  Addition  
NAME **Officer, Treasurer/CFO**  
STREET ADDRESS **Leonard Hope**  
CITY-ST-ZIP **250 Park Ave So, New York NY 10003**

TITLE **D**  Delete  
NAME **HAZELTON, LINDA**  
STREET ADDRESS **250 PARK AVENUE SOUTH**  
CITY-ST-ZIP **NEW YORK NY 10003**

TITLE  Change  Addition  
NAME **Officer, President/CEO**  
STREET ADDRESS **250 Park Avenue, New York 10003**

TITLE **D**  Delete  
NAME **LESCAUT, PIERRE**  
STREET ADDRESS **250 PARK AVENUE SOUTH**  
CITY-ST-ZIP **NEW YORK NY 10003**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **LS**  
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] Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01  
Date

9124689090  
Daytime Phone # x/107

CR2E034 (10/00)