

FILED
May 28, 2002 8:00 am
Secretary of State

04-23-2002 90425 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 46049
1. Entity Name

Jones Systems Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1120 SW 113 Place

3. Mailing Address

1120 SW 113 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-034 0885

Applied For
Not Applicable

Zip

33176

Country

US.

Zip

33176

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JAMES JONES

Street Address (P.O. Box Number is Not Acceptable)
1120 SW 113 Place

City MIAMI

FL

Zip Code

33176

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when nonresident)

DATE

4-11-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1st, May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$6125

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 DIRECTOR
NAME JAMES JONES
STREET ADDRESS 1120 SW 113 Place
CITY-ST-ZIP MIAMI, FL 33176

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

Daytime Phone #

305-461-9535

CR2E034B (12/01)