

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54902

1. Entity Name  
CERTIFIED, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90093 045 \*\*\*150.00

Principal Place of Business

550 N.W. LEJEUNE ROAD  
SUITE 207  
MIAMI FL 33126

Mailing Address

550 N.W. LEJEUNE ROAD  
SUITE 207  
MIAMI FL 33126

00030206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

782 N.W. 42nd Ave #200

3. Mailing Address

782 N.W. 42nd Ave #200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 200

City & State

Miami

City & State

Miami FL

Zip

33126

Country

USA

Zip

Country

4. FEI Number 65-0454109

Applied For

Not Applicable

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

JURNEY, KENT C.  
11390 SW 94TH AVE  
MIAMI FL 33176

Name

N/A

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

City

N/A

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

*Martha B. Journey*

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	P	<input type="checkbox"/> Delete
NAME	JURNEY-CARABALLO, MARTHA	
STREET ADDRESS	11390 SW 94TH AVE #207	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CARABALLO, CARMEN JULIA	
STREET ADDRESS	12021 SW 93 STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Martha B. Journey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

Daytime Phone #

CR2E034 (10/00)