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

DOCUMENT # 6 97 840

1. Entity Name J.J. CARPEL INC.



## Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90118 041 \*\*\*150.00

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	lace of Business $\omega$ , $Bcc TF GARDFS BAUD$ ,	3. Mailing Address SAME		Sand Sall Sand		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPA	CE
City & Stat	BALON, FLORIDA	City & State	M- T-		4. FEI Number 59-2422296	Applied For Not Applicable
Zip 334	Country Country	Zip	Country		9. Certificate of Status Desired Fee	.75 Additional Required
			No see		7. Name and Address of Current Registered Ac	jent
			Name	J	OSEPH DENKINS	
en e	DO.NOT_W	KLLE	Street_/		P.O. Box Number is: Not Acceptable)	
	IN THIS SP	ACE	Q(a	419	BOCA GLADES BLO	20 (.)
			City	/ l	101 EI	Zin Code
				10c,	R RHOW PL	33434
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE     Signature, typed or printed name of registered agent and title if applicable.   Signature required when reinstating)   DATE						
January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State						
10. ,	OFFICERS AND I	DIRECTORS	生态性和多种素的4次15	可去感性病病	Maria de Caracteria de Car	(学用)是美雄(m) - 1.75 (m) [[]]
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NAME	JOSEPH DENKIN	15	NAME	California de la Califo		And the state of t
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12. I hereby of	certify that the information supplied with i	tnis tiling does not qualify for t	rne exemption sta	ated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify	tnat 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NING OFFICER OR DIRECTOR