


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** P99000080062

**1. Entity Name**  
J J SERVICE ENTERPRISES, INC.



**FILED**  
03 OCT - 1 PM 2:41

**Principal Place of Business**  
2347 SW 138TH COURT  
MIAMI FL 33175

**Mailing Address**  
2347 SW 138TH COURT  
MIAMI FL 33175

RESTATEMENT OF STATE  
RESTATEMENT  
03



**2. Principal Place of Business**  
6321 SW 106 AVE  
Suite, Apt. #, etc.

**3. Mailing Address**  
6321 SW 106 AVE.  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State** Miami FL

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**Zip** 33173 **Country** USA

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**4. FEI Number** 65-0947138 **Applied For**  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
SAINZ, JUAN C  
2347 S.W. 138 CT.  
MIAMI FL 33175

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Juan Sainz* **DATE** 8/14/03

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

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SAINZ, JUAN C	
STREET ADDRESS	2347 S.W. 138 CT.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIMON, OLGA	
STREET ADDRESS	13821 SW 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINZ, JUAN C.	
STREET ADDRESS	6321 SW 106 AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, OLGA	
STREET ADDRESS	3779 SW 135 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
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		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Juan Sainz* **SIGNATURE REQUIRED** **DATE** 8/14/03 **DAYTIME PHONE #** 786 306 3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)