

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000035429

Entity Name: JUST CUZZ I'M BLACK, INC.**Current Principal Place of Business:**1031 IVES DAIRY ROAD
228-1040
MIAMI, FL 33179**Current Mailing Address:**2024 MAIN STREET
1302
MIRAMAR, FL 33025 UN**FEI Number:** 85-1277599**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OWANIKIN, NICHOLAS A
2024 MAIN STREET
1302
MIRAMAR, FL 33025 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	OWANIKIN, NICHOLAS
Address	2024 MAIN STREET
City-State-Zip:	MIRAMAR FL 33025

Title	VP
Name	OWANIKIN, CHELSEA Y
Address	2024 MAIN STREET
City-State-Zip:	MIRAMAR FL 33025

Title	DIRECTOR
Name	OWANIKIN, ROBERT A
Address	2024 MAIN STREET 1302
City-State-Zip:	MIRAMAR FL 33025

Title	DIRECTOR
Name	OWANIKIN, VICTOR A
Address	741 NW 10TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	DIRECTOR
Name	OWANIKIN, JORDAN A
Address	2024 MAIN STREET 1302
City-State-Zip:	MIRAMAR FL 33025

Title	DIRECTOR
Name	DINGLE, DEBRA REID
Address	2024 MAIN STREET 1302
City-State-Zip:	MIRAMAR FL 33025

Title	D
Name	OWANIKIN, JOSEPH A
Address	2024 MAIN ST UNIT 1302
City-State-Zip:	MIRAMAR FL 33025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OWANIKIN JOSEPH**DIRECTOR****03/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date