2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

327921

1. Entity Name J-R COLLINS CO INC Principal Place of Business Mailing Address



MIAMI FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	13012 SW 128TH ST #B MIAMI FL 33186 US		6745 S W 146 ST Miami FL 33158 US	MIAMI FL 33158							
City & State City & FL City Code City C	2. Principal	Place of Business	3. Mailing Address	3. Mailing Address			ŧ 1 01101 (11)	IB 11814 18848 IBAN 1			
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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Name and Address of Current Registered Agent	Zip	Country	Zip	Coun	try	5 . Ce				8.75 A	dditional
KOPPEN, R A 700 N E 90TH STREET MAMI FL 33138	6. Name and Address of Current Registered Agent				<u> </u>	7. Na			, .		160
Signature Sign					Name					2011	
MIAMI FL 33138 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 Fioridas Signature, oped or printed name or registered agent and the displacable. NOTE Registered Agent spotsore required when rehasing) DATE 9. This corporation is eligible to eatilely its intangible rax filling requirement and elects to do so. (See criteria on back) DEFE IS \$150.00 Mark May 1, 2002 Fee will be \$550.00 Mark Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11 ILL NAME STREEL ADDRESS TURE Debte NAME STREEL ADDRESS STREEL ADDRESS				Stroot Address					-		
8.*The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, fixed or prince name of registered agent and site if apparatuble. (NOTE: finguisered Agent agent, or both, in the State of Florida. Signature Signature, fixed or prince name of registered agent and site if apparatuble. (NOTE: finguisered Agent agent, or both, in the State of Florida. Signature, fixed or prince name of registered agent and site if apparatuble. (NOTE: finguisered Agent agent, or both, in the State of Florida. Signature, fixed or prince name of registered agent and site if apparatuble. (NOTE: finguisered Agent agent, or both, in the State of Florida. Signature, fixed or prince name of registered agent and site if apparatuble. (NOTE: finguisered Agent agent, or both, in the State of Florida. Signature fixed or prince name of registered agent and site if apparatuble. (NOTE: finguisered Agent agent, or both, in the State of Florida. Signature fixed or prince name of registered agent and site if apparatuble. (NOTE: fixed state)	700 N E	90TH STREET		Street Addres			x Number Is	Not Acceptable	e)		
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 Fiorida. Signature	miami fl	. 33138		İ							
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SIGNATURE Signature, hipsed or perinder name of registered agent and see if appellateable. PNOTE: Registered Agent signature required when remission; DATE	087				·						
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		ertify that the information supplied with	this filing does not qualify for the				07/0\/" 5				

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information 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

SIGNATURE: