

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90003 012 ***150.00

0090023

DOCUMENT # 338082

1. Entity Name

J.J.B. INVESTMENT CORP.

Principal Place of Business

105 E. 21 ST
 P.O. BOX 1806, N/A
 HIALEAH FL 33010
 US

Mailing Address

105 E. 21 ST
 P.O. BOX 1806, N/A
 HIALEAH FL 33010
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1259958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNETTI, JOHN J.
105 EAST 21 STREET
HIALEAH FL 33010

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.

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNETTI, JOHN J.	NAME	
STREET ADDRESS	1655 US HIGHWAY 9	STREET ADDRESS	
CITY-ST-ZIP	OLD BRIDGE NJ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNETTI, ANNA G.	NAME	
STREET ADDRESS	1655 US HIGHWAY 9	STREET ADDRESS	
CITY-ST-ZIP	OLD BRIDGE NJ	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNETTI, JOHN J JR.	NAME	
STREET ADDRESS	1655 US HIGHWAY 9	STREET ADDRESS	
CITY-ST-ZIP	OLD BRIDGE NJ	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBER, MONROE	NAME	
STREET ADDRESS	1655 US HWY. 9	STREET ADDRESS	
CITY-ST-ZIP	OLD BRIDGE NJ	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNETTI, STEPHEN P	NAME	
STREET ADDRESS	1655 US HWY. 9	STREET ADDRESS	
CITY-ST-ZIP	OLD BRIDGE NJ	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Duane T. Cliburn* Date: *2/8/01* Daytime Phone #: *305-885-8000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE T. CLIBURN - CONTROLLER

CR2E034 (10/00)