

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**  
03-24-2003 90644 010 \*\*\*150.00

**DOCUMENT # 650720**

1. Entity Name  
**J & J SALES INC. OF BROWARD**



Principal Place of Business

**642 N E 40TH COURT  
OAKLAND PARK FL 33334**

Mailing Address

**642 N E 40TH COURT  
OAKLAND PARK FL 33334**

US

US

2. Principal Place of Business

**642 N.E. 40 CT.**

3. Mailing Address

**642 N.E. 40 CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. LAUDERDALE**

**FL 33**

Zip

Zip

**33334**

**33334**

6. Name and Address of Current Registered Agent

**REES, JANET  
424 SW 7 WAY  
BOCA RATON FL 33486**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-21-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE **PTD**  
NAME **REES, JOHN**  
STREET ADDRESS **424 SW 7 WAY**  
CITY-ST-ZIP **BOCA RATON FL**

☒ Delete

TITLE **VSD**  
NAME **JENNY, JOHN P**  
STREET ADDRESS **1351 NE 45TH ST**  
CITY-ST-ZIP **OAKLAND PK FL**

☐ Delete

TITLE **ST**  
NAME **REES, JANET**  
STREET ADDRESS **424 SW 7 WAY**  
CITY-ST-ZIP **BOCA RATON FL**

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CR2E034 (10/02)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Janet Rees 3-21-03**

Date

Daytime Phone #