FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # 653188 1. Entity Name -2002 90107 011 \*\*\*158 J. & J. FOOD, INC. Principal Place of Business Mailing Address 171 N.E. 212 STREET 171 N.E. 212 STREET MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1923556 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIMBERRY, J.M. Street Address (P.O. Box Number is Not Acceptable) 171 NE 212 STREET \*\* **MIAMI FL 33179** 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be "Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01 ☐ Addition TITLE PD ☐ Delete TITLE NAME BRIMBERRY, JAMES N NAME STREET ADDRESS 171 NE 212 ST STREET ADDRESS CITY-ST-ZIP CITY- ST-7IP MIAMI, FL 00000 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME Brimberry, J Maltria NAME STREET ADDRESS STREET ADDRESS 171 NE 212 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 applicable.