

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003411

1. Entity Name
JRJ EXPRESS, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90093 037 ***550.00

Principal Place of Business
2212 BEVERLY BOULEVARD
LOS ANGELES CA 90057

Mailing Address
2212 BEVERLY BOULEVARD
LOS ANGELES CA 90057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14849 Firestone Blvd.

3. Mailing Address
14849 Firestone Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
La Mirada, CA

City & State
La Mirada, CA

4. FEI Number 95-4164929

Applied For
Not Applicable

Zip Country
90638 Los Angeles

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90638 Los Angeles

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME PSOT
STREET ADDRESS LEON, JOSE F
CITY-ST-ZIP 24842 EARLS CT.
CALABASAS CA 91302 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME V
STREET ADDRESS BOBRYK, JIM
CITY-ST-ZIP 2212 BEVERLY BOULEVARD
LOS ANGELES CA 90057 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *Jose F Leon* JOSE F LEON

7/28/00

714-690-8300 x437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)