

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 003 ***150.00

DOCUMENT # H82093

1. Entity Name

J & J SERVICE INTERNATIONAL CORPORATION

Principal Place of Business

**608 E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009**

Mailing Address

**18999 BISCAYNE BLVD
 SUITE 205
 AVENTURA FL 33180
 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2652758**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LEE, MAU CHING~~

~~18999 BISCAYNE BLVD~~

~~SUITE 205~~

~~AVENTURA FL 33180~~

Name

YONG Q. LIU

Street Address (P.O. Box Number is Not Acceptable)

350 NE 167 STREET

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Yong Q. Liu
 4/13/02

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, 2002 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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	LEE, MAU CHING	
STREET ADDRESS	608 E HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEE, YUK FAI	
STREET ADDRESS	608 E HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	YAM, ERIC	
STREET ADDRESS	608 E HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LI, FUN MING	
STREET ADDRESS	608 E HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YONG Q. LIU	
STREET ADDRESS	1850 NE 169 STREET, #303	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(l), 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: *Yong Q. Liu*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)