

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 036 ***150.00

DOCUMENT # H85730

1. Entity Name

J/S RESTAURANT AND LOUNGE, INC.

DO NOT WRITE IN THIS SPACE

636214

2. Principal Place of Business

5707 Johnson Street

Suite, Apt. #, etc.

3. Mailing Address

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

2608

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Miami, FL

4. FEI Number

592602360

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey A. Bernstein, Esq.

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

100 N. Biscayne Blvd., #2608

Suite 2608

City

Miami

FL

Zip Code

33132

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 P/T/S/D
NAME Beverly Mumford
STREET ADDRESS 5707 Johnson Street
CITY-ST-ZIP Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D
NAME Lawrence B. Mumford
STREET ADDRESS 5707 Johnson Street
CITY-ST-ZIP Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Mumford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Mumford, Secretary

305-3714555

Date 3/29/02 Daytime Phone #

CR2E034B (12/01)