

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90355 033 ****55.00

DOCUMENT # L01000005095

1. Entity Name

J.B.J. BUSINESS & SERVICES, L.L.C.

Principal Place of Business

375 SOUTH ROYAL POINCIANA BLVD., STE 3A
 MIAMI SPRING FL 33166

Mailing Address

375 SOUTH ROYAL POINCIANA BLVD., STE 3A
 MIAMI SPRING FL 33166

2. Principal Place of Business

375 South Royal Poinciana

3. Mailing Address

375 South Royal Poinciana

Suite, Apt. #, etc.

3-A

Suite, Apt. #, etc.

3-A

City & State

MIAMI SPRING

City & State

MIAMI SPRING

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1092601

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARILUZ LOPEZ DE ALCALA
 375 SOUTH ROYAL POINCIANA BLVD., STE 3A
 MIAMI SPRING FL 33166

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.

SIGNATURE

MARILUZ LOPEZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARILUZ LOPEZ DE ALCALA 375 SOUTH ROYAL POINCIANA BLVD., STE 3A MIAMI SPRING FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENIGNO ALCALA FIGUERA 375 SOUTH ROYAL POINCIANA BLVD., STE 3A MIAMI SPRING FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THAYCET R. ALCALA LOPEZ 375 SOUTH ROYAL POINCIANA BLVD., STE 3A MIAMI SPRING FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

MARILUZ LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/28/2002

CR2E083 (9/01)