

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011561

1. Entity Name

JJ & B REALTY LLC

Principal Place of Business

11126 HARBOUR SPRINGS CIRCLE
BOCA RATON FL 33139

Mailing Address

11126 HARBOUR SPRINGS CIRCLE
BOCA RATON FL 33139

2. Principal Place of Business

9964 Sandalbot Blvd. Suite, Apt. #, etc.

3. Mailing Address

1955 Ryder St. Suite, Apt. #, etc.

City & State

Boca Raton Fla.

City & State

Brooklyn NY

Zip

30128

Country

USA

Zip

11234

Country

USA

4. FEI Number

65-1122576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	QUIGNEY, JAMES	
STREET ADDRESS	601 5TH AVE.	
CITY-ST-ZIP	BROOKLYN NY 11215	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PASSALACQUA, BASIL	
STREET ADDRESS	11126 HARBOUR SPRINGS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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	

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 608, Florida Statutes.

SIGNATURE

James P. Quigney Jr. 7/18/02 8320400

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

Date

Daytime Phone #

FILED
Aug 20, 2002 8:00 am
Secretary of State

07-23-2002 90345 032 ****50.00

41001



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)