

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018242

1. Entity Name

J & N FRANCIS ENTERPRISES, L.L.C.

Principal Place of Business

4312 NW 54TH ST.  
COCONUT CREEK FL 33073

Mailing Address

4312 NW 54TH ST.  
COCONUT CREEK FL 33073

2. Principal Place of Business

207 N. SR 7

Suite, Apt. #, etc.

3. Mailing Address

4312 NW 54th St

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Coconut Creek, FL

Zip

33063

Country

Broward

Zip

33073

Country

Broward

4. FEI Number

65-1148196

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, JOHN R  
4312 NW 54TH ST.  
COCONUT CREEK FL 33073

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

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 May 1, 2002

## 9. MANAGING MEMBERS/MANAGERS

## 10.

## ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner John R Francis Same as above	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Norma W. Francis Same as above	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 608, Florida Statutes.

SIGNATURE: *John R Francis*

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

4/16/02 (954) 428-7057

Daytime Phone #

CR2E083 (9/01)