

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65675

1. Entity Name

J & B DONUTS, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90006 005 ***150.00

Principal Place of Business

Mailing Address

%HENRY LAFFER ESQ
7770 W OAKLAND PARK BLVD #210
SUNRISE FL 33351

%HENRY LAFFER ESQ
7770 W OAKLAND PARK BLVD #210
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

8200 WEST SUNRISE BLVD

8200 WEST SUNRISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PLANTATION

PLANTATION

City & State

City & State

FLORIDA

FLA

Zip

Country

Zip

Country

33322

BROWARD

33322

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFFER, HENRY ESQ
7770 W OAKLAND PARK BLVD #210
SUNRISE FL 33351

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FERREIRA, JOSEPH J
CITY-ST-ZIP 9381 N W 18TH MANOR PLANTATION FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FERREIRA, BARBARA A
CITY-ST-ZIP 9381 N W 18TH MANOR PLANTATION FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Ferreira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA FERREIRA

Date

Daytime Phone #

1/21/01 954-742-8511

CR2E034 (10/00)