

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000002653**

1. Entity Name

UNTOUCHABLE MOCKO JUMBIES, INC.**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 91723 048 ****70.00

Principal Place of Business

Mailing Address

**300 ALADDIN STREET
OPA-LOCKA FL 33054****300 ALADDIN STREET
OPA-LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0667363

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HOWARD, LEON
300 ALADDIN ST
MIAMI FL 33054**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **HOWARD, LEON A**
STREET ADDRESS **300 ALADDIN STREET**
CITY-ST-ZIP **OPA-LOCKA FL 33054**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **ISAAC, LLOYD**
STREET ADDRESS **300 ALADDIN STREET**
CITY-ST-ZIP **OPA-LOCKA FL 33054**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **HOWARD, MONICA**
STREET ADDRESS **300 ALADDIN STREET**
CITY-ST-ZIP **OPA-LOCKA FL 33054**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Leon Howard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**5/2/02**
Date**305-698-3935**
Daytime Phone #

CR2E037 (9/01)