

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90278 002 ***150.00
04-25-2001 90278 001 *****8.75

DOCUMENT # P00000015982

1. Entity Name
J & B GLOBAL INC.

Principal Place of Business 16790 W. GRAND NATIONAL DRIVE LOXAHATCHEE FL 33470	Mailing Address 16790 W. GRAND NATIONAL DRIVE LOXAHATCHEE FL 33470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEJ Number 65-0981703	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, JESUS I
16790 W. GRAND NATIONAL DRIVE
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent
Name **Mangone, Barbara**
Street Address (P.O. Box Number is Not Acceptable)
16790 W. Grand National Drive
City **Loxahatchee** FL Zip Code **33470**

B. 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 *Barbara Mangone*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

DATE **January 3, 2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE NAME P MARTINEZ, JESUS I STREET ADDRESS 16790 W. GRAND NATIONAL DRIVE CITY-ST-ZIP LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Delete
TITLE NAME V MARTINEZ, BARBARA STREET ADDRESS 16790 W. GRAND NATIONAL DRIVE CITY-ST-ZIP LOXAHATCHEE-FL-33470	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME President Mangone, Barbara STREET ADDRESS 16790 W. Grand National Dr CITY-ST-ZIP Loxahatchee FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME President mangone, Barbara STREET ADDRESS 16790 W. Grand National Drive CITY-ST-ZIP Loxahatchee FL-33470	<input checked="" 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
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

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 Mangone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Jan 3, 2001** 561-632-0329
Daytime Phone #

CR2E034 (10/00)