

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

May 24, 2001 8:00 am
Secretary of State

03-26-2001 90134 019 ***150.00

DOCUMENT # P00000029067

1. Entity Name

J.J. WHOLESALE SIGNS CORP.

Principal Place of Business

Mailing Address

**4051 NORTHEAST 8TH AVENUE
FORT LAUDERDALE FL 33334**

**4051 NORTHEAST 8TH AVENUE
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995287

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

JULIO VASQUEZ

Street Address (P.O. Box Number is Not Acceptable)

4881 N.E. 13 AVE

City

FORT LAUDERDALE

FL

Zip Code

33334

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

**PTD
NAME VASQUEZ, JULIO J
STREET ADDRESS 4051 NORTHEAST 8TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334**

TITLE ☐ Delete

**SD
NAME VASQUEZ, MARTHA L
STREET ADDRESS 4051 NORTHEAST 8TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/01

(954) 630-2085

CR2E034 (10/00)