

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043593

1. Entity Name

J AND B INVESTMENTS UNLIMITED, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90287 017 ***150.00

Principal Place of Business

1305 S. FLAGLER
#111
POMPANO BEACH FL 33060

Mailing Address

1305 S. FLAGLER
#111
POMPANO BEACH FL 33060

2. Principal Place of Business

1305 S. Flagler
Suite, Apt. #, etc.
#111

3. Mailing Address

1305 S. Flagler
Suite, Apt. #, etc.
111

City & State

Pompano beach FL

City & State

Pompano beach FL

Zip

33060

Country

Zip

33060

Country

4. FEI Number

651065-781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

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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 D
NAME BARRETO, JAMES S
STREET ADDRESS 1305 S. FLAGLER #111
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)