

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90004 007 ***150.00

DOCUMENT # P00000053002

1. Entity Name
J & M DAIRY, INC.

Principal Place of Business
2753 BEGONIA CT
DELRAY BEACH FL 33445

Mailing Address
2753 BEGONIA CT
DELRAY BEACH FL 33445

2. Principal Place of Business
Delray Beach.
 Suite, Apt. #, etc.

3. Mailing Address
2753 Begonia CT
 Suite, Apt. #, etc.

City & State
Delray Beach, Flo.
 Zip
33445

City & State
 Zip
 Country

4. FEI Number
65-1012286

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAPIO, GERALD B
2753 BEGONIA CT
DELRAY BEACH FL 33445

Same

7. Name and Address of New Registered Agent

Name **SAPIO - Gerald B**
 Street Address (P.O. Box Number is Not Acceptable)
2753-Begonia CT
 City **Delray Beach** FL Zip Code **33445**

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 *Gerald B. Sapiro*

DATE **1-5-02**

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete
 NAME **SAPIO, GERALD B**
 STREET ADDRESS **2753 BEGONIA CT**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME *None*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: *Gerald B. Sapiro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-5-02**

Daytime Phone #

0387136 AV

CR2E034 (9/01)