

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000054358**

1. Entity Name  
**J & J HANNAH ENTERPRISES, INC.**

Principal Place of Business  
 3175 N.W. 207TH STREET  
 MIAMI FL 33055

Mailing Address  
 3175 N.W. 207TH STREET  
 MIAMI FL 33055

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

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNAH JONATHAN EARL  
 4010 N.W. 192ND STREET  
 CAROL CITY FL 33055  
 US

Name  
 HANNAH JONATHAN EARL PRES  
 Street Address (P.O. Box Number is Not Acceptable)  
 4010 N.W. 192ND STREET  
 City  
 CAROL CITY FL Zip Code  
 33055

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 **JONATHAN EARL HANNAH**

**04/28/2001**

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 TD  Delete  
 NAME BURGESS SANDRA  
 STREET ADDRESS 3971 N.W. 191ST STREET  
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME YANCY STACY  
 STREET ADDRESS 16900 N.W. 41ST AVENUE  
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE SD  Change  Addition  
 NAME HANNAH STACY  
 STREET ADDRESS 16900 N.W. 41ST AVENUE  
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE PD  Delete  
 NAME HANNAH MYRA  
 STREET ADDRESS 4010 N.W. 192ND STREET  
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME HANNAH JONATHAN EARL  
 STREET ADDRESS 4010 N.W. 192ND STREET  
 CITY-ST-ZIP CAROL CITY FL 33055

TITLE  Change  Addition  
 NAME  
 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  
 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: **MYRA HANNAH**

PD 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)