

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90108 002 ***558.75

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DOCUMENT # P00000060406

1. Entity Name
J & A THOMPSON WHOLESALE, INC.



Principal Place of Business
**3907 N. FEDERAL HWY.
PMB160
POMPANO BEACH FL 33064**

Mailing Address
**3907 N. FEDERAL HWY.
PMB160
POMPANO BEACH FL 33064**



2. Principal Place of Business
400 ARTHUR GODFREY RD

Suite, Apt. #, etc.
506

City & State
MIAMI BEACH, FL

Zip Country
33140 U.S.

3. Mailing Address
4045 SHERIDAN AVE

Suite, Apt. #, etc.
373

City & State
MIAMI BEACH, FL

Zip Country
33140 U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1017903**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE LAW OFFICES OF CRAIG DARREN, P.A.
407 LINCOLN ROAD
PH SE
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TORRES, R. 3407 N FEDERAL HWY PMB 160 POMPANO BEACH FL 33064 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERTO TORRES 4045 SHERIDAN AVE # 373 MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 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

07/08/03 **(954) 240 8808**

CR2E034 (10/02)