

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am  
Secretary of State

02-26-2001 90511 017 \*\*\*150.00

DOCUMENT # P00000073566

1. Entity Name

J AND D STAFFING, INC.

Principal Place of Business

7556 MUTINY AVENUE  
NORTH BAY VILLAGE FL 33141

Mailing Address

7556 MUTINY AVENUE  
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

248 NW 123 ST

3. Mailing Address

18520 NW 67 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

231

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1031467

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUERRA, CLEMENTE G  
7933 NORTH WEST 196 TERRACE  
MIAMI FL 33015

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]*

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TERAN, DORIS	
STREET ADDRESS	7556 MUTINY AVENUE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESQUERRA, JUMA	
STREET ADDRESS	7933 NORTH WEST 196 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/01

Daytime Phone #

305 999 9117

0174049

CR2E034 (10/00)