## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P00000088102 1. Entity Name TRIPPLE J. PROFESSIONAL DELIVERY SERVICES, INC. 04-25-2001 90026 018 \*\*\*150.00 Mailing Address Principal Place of Business 19030 NW 57TH AVENUE 19030 NW 57TH AVENUE **APT 307 APT 307** MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address 10031 SW 9th Court <u> 10031 SW 9th Court</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Pembroke Pines, Pembroke Not Applicable Pines, FL 6.5 - 1042100Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 33025 USA 33025 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, JANET Street Address (P.O. Box Number is Not Acceptable) 19030 NW 57TH AVENUE **APT 307** MIAMI FL 33015 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change PD ☐ Delete TITLE TITLE NAME Williams, Janet NAME WILLIAMS; JANET STREET ADDRESS STREET ADDRESS 19030 NW 57TH AVENUE APT. 307 10031 SW 9th Court CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33015** Pembroke Pines, FL 33025 Change Addition SVD ☐ Delete TITLE TITLE SVD NAME JOHNSON, B.J. NAME J. Johnson STREET ADDRESS STREET ADDRESS 19030 NW 57TH AVENUE APT. 307 10031 SW 9th Court CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33015 <del>Pines, F</del>t ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Janet Williams

SIGNATURE AND TYPED OR PRINTED NAME