2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028706

1. Entity Name
V V J, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 18 AM 9:09

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8000 NW 29 ST
MIAMI FL 33122
US

Mailing Address
P.O. BOX 52-2371
MIAMI FL 33152

2. Principal Place of Business

3. Mailing Address
P O BOX 52-2371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FLORIDA

4. FEI Number
65-1099941

☐ Applied For
☐ Not Applicable

Zip

Country

Zip
33152

Country
USA

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

6. Name and Address of Current Registered Agent

RUBEN VALDES
8000 N.W. 29th STREET
MIAMI, FLORIDA 33122

7. Name and Address of New Registered Agent

Name
RUBEN VALDES

Street Address (P.O. Box Number is Not Acceptable)
8000 N.W. 29th STREET

City
MIAMI **FL** Zip Code 33122

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) 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, 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	P ☐ Delete
NAME	VALDES, RUBEN
STREET ADDRESS	8000 N.W. 29th STREET
CITY-ST-ZIP	MIAMI, FL. 33122
TITLE	☒ Delete
NAME	JUELICH, JOHN
STREET ADDRESS	11541 SOUTH OPEN COURT
CITY-ST-ZIP	COOPER CITY, FL. 33026
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	RUBEN VALDES
STREET ADDRESS	8000 N.W. 29 th STREET
CITY-ST-ZIP	MIAMI, FL. 33122
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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****158.75 ****158.75

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: _____ 15 FEB 2002 305 477 5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #