

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90176 039 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050403

1. Entity Name  
**J & H DELIVERY, INC.**

Principal Place of Business  
 12115 SW 11TH CT  
 PEMBROKE PINES FL 33025

Mailing Address  
 12115 SW 11TH CT  
 PEMBROKE PINES FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1255 SW 101 Terrace**

3. Mailing Address  
**1255 SW 101 terrace**

Suite, Apt. #, etc.  
**308**

Suite, Apt. #, etc.  
**308**

City & State  
**Pembroke Pines FL**

City & State  
**Pembroke Pines 33025**

4. FEI Number  
**651105697**

Applied For  
☐ Not Applicable

Zip  
**33025**

Country  
**USA**

Zip  
**FLORIDA**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, HORACE**  
**12115 SW 11TH CT**  
**PEMBROKE PINES FL 33025**

Name  
**Williams, Horace**  
 Street Address (P.O. Box Number is Not Acceptable)

**1255 SW 101 terrace suite 308**  
 City **Pembroke Pines** **FL** Zip Code **33025**

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  
**D**  
 NAME  
**WILLIAMS, HORACE**  
 STREET ADDRESS  
**12115 SW 11TH CT**  
 CITY-ST-ZIP  
**PEMBROKE PINES FL 33025**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/02

Date

(954) 665-3852

Daytime Phone #

CR2E034 (9/01)