


FILED  
Jun 30, 2003 8:00 am  
Secretary of State

06-30-2003 90069 041 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000053893   
1. Entity Name  
J+J DISTRIBUTIONS, CORP.

**DO NOT WRITE IN THIS SPACE**

**90140459**

2. Principal Place of Business <u>9500 NW 77 AVE</u> Suite, Apt. #, etc. <u>#20</u> City & State <u>MIAMI GARDENS, FL.</u> Zip <u>33016</u> Country <u>MIAMI-DADE</u>	3. Mailing Address <u>9500 NW 77 AVE</u> Suite, Apt. #, etc. <u>#20</u> City & State <u>MIAMI GARDENS, FL.</u> Zip <u>33016</u> Country <u>MIAMI-DADE</u>
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1109085</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICHARD E. VILA  
Street Address (P.O. Box Number is Not Acceptable)  
9500 NW 77 AVE #20  
City MIAMI GARDENS FL Zip Code 33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 <u>(P)</u> <u>RICHARD E. VILA</u> <u>9500 NW 77 AVE #20</u> <u>MIAMI GARDENS FL 33016</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>EDGARD E. VILA - VP.</u> <u>9500 NW 77 AVE #20</u> <u>MIAMI GARDENS FL 33016</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/03

Date

305-558-2979

Daytime Phone #

CRZE0348 (12/02)

Attachment

90140459  
#P01000053893

June 25, 2003

Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref.: J & J Distributions Corp- UBR

To Whom It May Concern:

After reviewing with my accountant, I was informed that the payment for the annual fee for the UBR had not been made. As of today, I have not received the notification for this yearly fee probably because I changed my address.

My document number is P01000053893 and my principal place of business 9500 N.W. 77th Avenue Suite 20, Hialeah Gardens FL 33016.

You will find attached the UBR form and a money order for the amount of \$150.00.

If you have any questions regarding this matter, I can be reached at the above address.

Thank you very much



Richard E. Vila  
J & J Distributions Corp.  
President