Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 17, 2003 8:00 am Secretary of State		
DOCUMENT # P01000055450 1. Entity Name J&J EXPRESS DELIVERY SERVICE, INC.					04-17-2003 90134 041 ***150.00		
Principal Place 6181 WILEY S HOLLYWOOD		Mailing Address 6181 WILEY ST. HOLLYWOOD FL 33023	*				
2. Principal F Suite, Apt.	Place of Business	Critical Ambadication	13			3) 310 310 310 310 310 310	ĬI.
City & Sta		CHTH': JUNE RA	masamI)) 44	CHECK HERE IF MAKI	NG CHANGES Applied For	
	·	Hollywood-	EL	44. [65-1111264 _.	- Not Applica	
Zíp 	Country	33083	Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	7. N	ame and Address of New Registere	ed Agent	
RAMASAN 6181 WILI	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33023			City	City Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing its re		istered age		L	ept
the obligations:	tions of registered agent.)	am			4-11-		
\subseteq	signature, typed or putter name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signature re-	quired when rei	nstating) DAT	E	
., Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May B Added to Fees	е
TITLE	OFFICERS AND D	IRECTORS Delete	11.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	ion Q
NAME STREET ADDRESS CITY-ST-ZIP	RAMASAMI, JUNE 6181 WILEY ST. HOLLYWOOD FL 33023	L3 Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change C Addi	(10/
TITLE NAME	100	☐ Delete	TITLE NAME		, , , , , , , , , , , , , , , , , , , 	Change Addit	CR2E034
STREET ADDRESS CITY-ST-ZIP	The second secon		STREET ADDRESS CITY-ST-ZIP	•			
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS			☐ Change ☐ Addi	ilon
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			☐ Change ☐ Addil	tion
NAME STREET ADDRESS CITY-ST-ZIP		- 30000	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE .	<u> </u>		Change Addi	tion
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS			Change Addi	noi
CITY-ST-ZIP			CITY-ST-ZIP		10.07(0)		_
indicated of the cor changed	certify that the information supplied with t I on this report or supplemental report is t reporation or the receiver or trostee empoy , or on an attashment with an address, wi	ms ming does not quality for the rue and accurate and that my vered to execute this report as thiall other like empowered.	ne exemption stated in signature shall have s required by Chapter	n Section 1 the same le 607, Florid	19.07(3)(1), Fiorida Statutes. I further o egal effect as if made under oath; that a Statutes; and that my name appear	certify that the information t I am an officer or directors in Block 10 or Block 11	ir if