

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90036 009 ***150.00

DOCUMENT # P01000068782

1. Entity Name
J & J COMMERCIAL CARRIERS, CORP.



Principal Place of Business
19655 NW 52 PL
MIAMI FL 33055

Mailing Address
19655 NW 52 PL
MIAMI FL 33055

2. Principal Place of Business

J & J COMMERCIAL CARRIERS
Suite, Apt. #, etc.

3. Mailing Address

9751 CARIBBEAN BLVD
Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33189

Country
USA

City & State
MIAMI FL

Zip
33189

Country
USA

4. FEI Number **50-0008661**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

RODRIGUEZ, XIOMARA
19655 NW 52 PL
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name
Xiomara Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
9751 CARIBBEAN BLVD
City **MIAMI** **FL** **Zip Code** **33189**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **RODRIGUEZ, XIOMARA**
STREET ADDRESS **19655 NW 52 PL**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **PD** ☐ **Delete**
NAME **9751 CARIBBEAN BLVD**
STREET ADDRESS **XIOMARA RODRIGUEZ**
CITY-ST-ZIP **MIAMI FL 33189**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/03 (35) 238-4322
Date Daytime Phone #

CR2E034 (10/02)