

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90020 023 ***150.00

0400007 AV

DOCUMENT # P01000072588

1. Entity Name
J. J. GROUP ENTERPRISES, INC.

Principal Place of Business
**885 VANDERBILT BEACH ROAD
 NAPLES FL 34108**

Mailing Address
**885 VANDERBILT BEACH ROAD
 NAPLES FL 34108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-112 4666

Applied For

Not Applicable

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

**CORTADA, JOAQUIN
 9490 HAITIAN DRIVE
 MIAMI FL 33189**

Name **Cortada Joaquin**

Street Address (P.O. Box Number is Not Acceptable)

885 Vanderbilt Beach Rd.

City **Naples**

FL

Zip Code
34108

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)

4/25/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CORTADA, JOAQUIN**
 STREET ADDRESS **9490 HAITIAN DRIVE**
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☒ Change ☐ Addition
 NAME **Cortada, Joaquin**
 STREET ADDRESS **9481 S.W. 104 terr**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Delete
 NAME **KERUS, JON**
 STREET ADDRESS **8806 S.W. 141 ST**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ Change ☐ Addition
 NAME **Kerns, Jon**
 STREET ADDRESS **885 Vanderbilt Bch Rd.**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Rogers, Myong**
 CITY-ST-ZIP **885 Vanderbilt Bch. Rd.
 Naples, FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

941 596 9112
 Daytime Phone #