

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90126 011 \*\*\*150.00

**DOCUMENT # P01000080140**

1. Entity Name  
**JJ'S STOP & GO MARKET, INC.**



Principal Place of Business  
2025 N. DIXIE HWY.  
POMPANO BCH, FL 33060

Mailing Address  
2025 N. DIXIE HWY.  
POMPANO BCH, FL 33060

2. Principal Place of Business

3. Mailing Address



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**36-4463565**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANASTASSE, JUTHLANDE**  
22195 SW 65TH TERR.  
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name  
**EACCOUNTANTS MAIL - COM - LLC**  
Street Address (P.O. Box Number is Not Acceptable)

**1437 NE 4 AVE**

City **FORT LAUDERDALE** FL

Zip Code **33304**

8. If 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]*

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

(NOTE: Registered Agent signature required when reinstating)

**2-22-03**

DATE

FILE NOW!!! FEES \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **D** ☒ Delete  
NAME **ANASTASE, JUTHLANDE**  
STREET ADDRESS **22195 SW 65TH TERRACE**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **GERMAIN, JESU FETE**  
STREET ADDRESS **4011 NE 4 TERR**  
CITY-ST-ZIP **POMPANO B. FL 33064**

TITLE **VP** ☐ Change ☒ Addition  
NAME **GERMAIN, EVELINE**  
STREET ADDRESS **4011 NE 4 TERR**  
CITY-ST-ZIP **POMPANO B. FL 33064**

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: X

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-03**

Date

**785-9979**

Daytime Phone #

CR2E034 (10/02)