

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086212

1. Entity Name
F&J USA CORP.

Principal Place of Business Mailing Address
640 SOUTHWEST 16TH STREET 640 SOUTHWEST 16TH STREET
BELLE GLADE FL 33430 BELLE GLADE FL 33430

2. Principal Place of Business 1400 S MAIN ST
Suite, Apt. #, etc.

3. Mailing Address 1400 S MAIN ST
Suite, Apt. #, etc.

City & State BELLE GLADE FL
Zip 33430 Country

4. FEI Number 65-1133915 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

SPIEGEL & UTRERA, P.A.
1640 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name RICHARD L. HEFFERNAN PA CPA
Street Address (P.O. Box Number Is Not Acceptable)
2911 EAST MAIN STREET
City PAHOKEE FL Zip Code 33476

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 X *Richard L. Heffernan* Richard L. Heffernan, CPA 4-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

TITLE	PSTD-	<input type="checkbox"/> Delete
NAME	AHMED, FAZAL	
STREET ADDRESS	640 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, FAZAL	
STREET ADDRESS	1400 S MAIN ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *Fazal Ahmed* FAZAL AHMED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02 561-996-6464
Date Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90076 002 ***150.00

93120



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)