FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90480 043 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000097451

Entity Name

& J EXPRESS, INC.



Principal Place of Business Mailing Address 11231 NW 60TH COURT 8201 NW 66 ST HIALEAH FL 33012 SUITE 3 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1145288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES, CARLOS M JR Street Address (P.O. Box Number is Not Acceptable) 11231 NW 60TH COURT HIALEAH FL 33012 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition VALDES, CARLOS M JR NAME NAME STREET ADDRESS 11231 NW 60TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete . ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

-∳ME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FOUREVALDES, OARLOS
OF SIGNING OFFICER OR DIRECTOR

1/8/02

(386-2800230)

☐ Change

☐ Change

Addition

☐ Addition

CR2E034 (10/02)