

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90192 018 ***150.00

CR2E034 (10/02)

DOCUMENT # P01000108533

1. Entity Name
J B S OF SOUTH FLORIDA, INC.



Principal Place of Business
**1618 N.E. 205 TERRACE
MIAMI FL 33179**

Mailing Address
**PO BOX 695015
MIAMI FL 33269**



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 **65-1151940**

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

**WIGGAN, CHOYCE
701 NW 179 ST
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name
NOEL TAYLOR
Street Address (P.O. Box Number is Not Acceptable)
1618 NE 205 TERRACE
City
MIAMI FL Zip Code
33179

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.

NOEL TAYLOR

3/26/03

(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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WIGGAN, CHOYCE**
STREET ADDRESS **701 NW 179 ST**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **P** ☐ Delete
NAME **TAYLOR, NOEL**
STREET ADDRESS **19431 N.W. 10 STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33029**

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 **SECRETARY/MANAGER** ☐ Change ☒ Addition
NAME **CAROL WHITEHURST**
STREET ADDRESS **1079 NE 210 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33179**

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

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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: **NOEL TAYLOR** **3/26/03** **305-654-5415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #