

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90226 037 \*\*\*150.00

<b>DOCUMENT #</b> P02000010655			
<b>1. Entity Name</b> T & J HOLDING ENTERPRISES, INC.			
<b>Principal Place of Business</b> 880 NW 115TH AVE. PLANTATION FL 33325		<b>Mailing Address</b> 880 NW 115TH AVE. PLANTATION FL 33325	
<b>2. Principal Place of Business</b> 324 S State Rd 7		<b>3. Mailing Address</b> 6651 Falconsgate Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Margate FL		<b>City &amp; State</b> Davie FL	
<b>Zip</b> 33068 <b>Country</b> USA		<b>Zip</b> 33331 <b>Country</b> USA	
<b>4. FEI Number</b>		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MANN & WOLF, LLP 4300 N. UNIVERSITY DR., STE. C-203 SUNRISE FL 33351		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> President	<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Trace Cox		<b>NAME</b> _____	
<b>STREET ADDRESS</b> 6651 Falconsgate Ave		<b>STREET ADDRESS</b> _____	
<b>CITY-ST-ZIP</b> Davie FL 33331		<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> _____		<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____		<b>STREET ADDRESS</b> _____	
<b>CITY-ST-ZIP</b> _____		<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> _____		<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____		<b>STREET ADDRESS</b> _____	
<b>CITY-ST-ZIP</b> _____		<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> _____		<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____		<b>STREET ADDRESS</b> _____	
<b>CITY-ST-ZIP</b> _____		<b>CITY-ST-ZIP</b> _____	
<b>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.</b>			
<b>SIGNATURE:</b> _____		<b>4/22/03</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>954-214-8661</b>	

CR2E034 (10/02)