

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90260 011 ***150.00

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1. Entity Name
BRUCE & JJ COMPANY, INC.



Principal Place of Business
2545 E. SUNRISE BLVD.
FT. LAUDERDALE FL

Mailing Address
2545 E. SUNRISE BLVD.
FT. LAUDERDALE FL

2. Principal Place of Business

52 W. OAKLAND PK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

W. Han Manors FLA.

City & State

4. FEI Number

02-0564356

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SESLOW, BRUCE
2545 E. SUNRISE BLVD.
FT. LAUDERDALE FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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 **D** ☐ Delete
NAME **SESLOW, BRUCE**
STREET ADDRESS **2545 E. SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete
NAME **SESLOW, MATTHEW**
STREET ADDRESS **2545 E. SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete
NAME **SESLOW, MARTIN**
STREET ADDRESS **2545 E. SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

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

TITLE ☐ Change ☐ Addition
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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:

Bruce & Seslow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/03 954-537-7989

CR2E034 (10/02)