

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90126 023 \*\*\*150.00

**DOCUMENT # P02000031014**

1. Entity Name  
**J & SON CONSULTING ENTERPRISES, INC.**



Principal Place of Business  
**14235 NW 18TH COURT  
PEMBROKE PINES FL 33028**

Mailing Address  
**14235 NW 18TH COURT  
PEMBROKE PINES FL 33028**

**70012476**



2. Principal Place of Business  
**2114 N. FLAMINGO RD.**  
Suite, Apt. #, etc.  
**#214**

3. Mailing Address  
**2114 N. FLAMINGO RD.**  
Suite, Apt. #, etc.  
**#214**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PEMBROKE PINES, FL**  
Zip  
**33028** Country  
**US**

City & State  
**PEMBROKE PINES, FL**  
Zip  
**33028** Country  
**US**

4. FEI Number  
**38-3645851**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MERHIB, JENNIFER  
4773 NW 72ND AVE.  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name  
**JENNIFER MERHIB**  
Street Address (P.O. Box Number is Not Acceptable)  
**2114 N. FLAMINGO RD.**  
**#214**  
City  
**PEMBROKE PINES** **FL** Zip Code  
**33028**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MERHIB, JENNIFER**  
**4773 NW 72ND AVE.**  
**MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MERHIB, MICHAEL**  
**4773 NW 72ND AVE.**  
**MIAMI FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MERHIB, JENNIFER**  
**2114 N. FLAMINGO RD. #214**  
**PEMBROKE PINES, FL 33028** ☒ Change ☐ Addition

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

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03** **(954) 392-8312**  
Date Daytime Phone #

CR2E034 (10/02)