

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90191 015 \*\*\*150.00

DOCUMENT # P02000086949

1. Entity Name

GJ & JW ENTERPRISE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11701 N.W. 102nd Road

3. Mailing Address

11701 NW 102nd Road

Suite, Apt. #, etc.

Suite # 14

Suite, Apt. #, etc.

Suite # 14

City & State

Medley, FL

City & State

Medley FL

Zip

33178

Country

USA

Zip

33178

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

46-0499998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GERARDO J. CEBALLOS

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

11701 NW 102nd Road

Suite # 14

City

Medley

FL

Zip Code

33178

**DO NOT WRITE  
IN THIS SPACE**

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.

GERARDO J. CEBALLOS

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00

Amended UBR is \$61.25

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/D
NAME	GERARDO J. CEBALLOS
STREET ADDRESS	11701 NW 102 ROAD, Suite # 14
CITY-ST-ZIP	Medley, FL 33178
TITLE	V/D
NAME	JORGE W. CEBALLOS
STREET ADDRESS	11701 NW 102 ROAD, Suite # 14
CITY-ST-ZIP	Medley, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO J. CEBALLOS

4/21/03 (305) 796-3083

Date

Daytime Phone #

CR2E034B (12/02)