

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0270148 AV

DOCUMENT # P93000008048

1. Entity Name
K & J CONFECTIONS, INC.



FILED

03 MAY 15 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/15/03 60017 001-67.00
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
20505 S DIXIE
STE 1887
CUTLER RIDGE FL 33189
US

Mailing Address
7520 SOUTHWEST 171ST STREET
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0387761

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST CLAIN, KEITH
7520 SW 171ST
MIAMI FL 33143

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ST. CLAIR, KEITH J
STREET ADDRESS 7520 SOUTHWEST 171ST STREET
CITY-ST-ZIP MIAMI FL 33157

☐ Change ☐ Addition
500018790845
05/15/03--60017--001 **67.00

TITLE D ☐ Delete
NAME ST. CLAIR, JOHNNITA S
STREET ADDRESS 7520 SOUTHWEST 171ST STREET
CITY-ST-ZIP MIAMI FL 33157

☐ Change ☐ Addition
500018790845
06/11/03--01051--016 **83.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

5-11-03 305 2331894