2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P94000085594

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90286 020 ***150 00

02 17 20	J & G ACCOUNTING AND FINANCIAL SERVICES, INC.					
		g Address N STATE RD. 7 ATE FL 33063			Principal Place of Bus 2522 N STATE RD. 7 MARGATE FL 33063	
		ing Address		Business	2. Principal Place of I	
□ СНЕСК НЕР	 	, Apt. #, etc.			Suite, Apt. #, etc.	
4. FEI Number 65-053359		& State			City & State	
= 5 + Certificate of Status Desires	Country	0		Country	Zip	

	- ••••	WANTE TE GOOD					
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State		4.	4. FEI Number 65-0533594 Applied For Not Applied For		
Zìp	Country	Zip	Country	- 5	Certificate of Status Desired	00	dditional
	6. Name and Address of Current	Registered Agent	7.	7. Name and Address of New Registered Agent			
tabino,	NO, JULIE			44 (D.O. F	Dan Maria da Alamana d	·	
2522 NOI	RTH STATE RD. 7		Street AC	daress (P.O. E	Box Number is Not Acceptable)		
MARGATE	E FL 33063						
13	•		City			Zip Co	de
8. The above	named entity submits this statement for	r the nurpose of changing its	registered office or	registered ac	-	_	and annual
the obliga	trons of registered agent.	, the purpose of changing its	registered office of	registered ag	gent, or both, in the State of Florida. Ta	.n iainillar with	i, and accept
	``		•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	re required when re	einstating) DATE	<u> </u>	 (
	TILE NOW!!! FEE IS \$150.00				1		
	r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.	00 May Be
	k Payable to Florida Department of	State			Trust Fund Contribution.		ed to Fees
10.	OFFICERS AND		11,		L DDITIONS/CHANGES TO OFFICERS A	ND DIBECTOL	DC IN 11
TITLE	D	Delete	TITLE	AL	DITIONS/CHANGES TO OFFICERS A	Change	
NAME	PAPPALARDO, JOSEPH	CAL DEIGIE	NAME			- Change	☐ Addition
STREET ADDRESS	5377 NW 57TH WAY		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP				
TITLE	D	□ Delete	TITLE	D_{-}	- 197-	Change	Addition
NAME	CASTROGOVIANNI, GRACE		NAME	<u>Castro</u>	ogovianni, Grac IN State Rd	e Actionings	Addition
STREET ADDRESS	4740 NW 58TH AVE		STREET ADDRESS	<i>a</i> 5əə	M. State Rd)	İ
CITY-ST-ZIP	CORAL SPRINGS FL 33067				ate FL 330		{
TITLE		☐ Delete	THTLE	D		Change	Addition
NAME			NAME	IRELE	PAPPALARDO NU 57 WAY		
STREET ADDRESS	1		STREET ADDRESS				
CITY-ST-ZIP	7.		CITY-ST-ZIP	CUBAL	SPRINGS FL 33	067	1
TITLE		☐ Delete	TITLE		-	☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS		J]:	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	11 1880			
TTLE	ំ ។ ខេត្តភ	☐ Delete	TITLE			☐ Change	☐ Addition
NAME		٠ ب	NAME				
STREET ADDRESS			STREET ADDRESS				

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. AD TITLE N Delete TITLE PAPPALARDO, JOSEPH NAME STREET ADDRESS 5377 NW 57TH WAY STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME CASTROGOVIANNI, GRACE astro NAME STREET ADDRESS 4740 NW 58TH AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP TITLE ☐ Delete THTLE NAME TRELE NAMÉ STREET ADDRESS STREET ADDRESS 5317 CITY-ST-ZIP CITY-ST-ZIP CUBAL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 in changed, or on an attack the properties of the corporation of the corporation of the receiver
SIGNATURE: