

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028984

1. Entity Name
J. RUSS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90072 050 ***150.00

Principal Place of Business

6601 N.W. 14TH STREET
SUITE #3
PLANTATION FL 33313
US

Mailing Address

6601 N.W. 14TH STREET
SUITE #3
PLANTATION FL 33313
US

New address as of 5/15

2. Principal Place of Business

5767 W. Sunrise Blvd
Suite, Apt. #, etc.

3. Mailing Address

5767 W. Sunrise Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL
Zip 33313 Country USA

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Plantation FL
Zip 33313 Country USA

4. FEI Number 65-0575812

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRICK, JAMES R
620 N.E. 9TH AVENUE, #5
FORT LAUDERDALE FL 33304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME FARRICK, JAMES
STREET ADDRESS 620 N.E. 9TH AVENUE, #5
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Ferrick James R. Ferrick

4/19/01

954-581-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)