

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000080705**

Entity Name

JRRJ, INC.**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90022 006 ***158.75

Principal Place of Business

12824 SOUTHWEST 102 COURT
MIAMI FL 33176

Mailing Address

12824 SOUTHWEST 102 COURT
MIAMI FL 33176-5627

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0615097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, JERRY
12824 SOUTHWEST 102 COURT
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

-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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

E
NE
EET ADDRESS
-ST-ZIP
E
NE
EET ADDRESS
-ST-ZIP
E
NE
EET ADDRESS
-ST-ZIP
E
NE
EET ADDRESS
-ST-ZIP
E
NE
EET ADDRESS
-ST-ZIP
E
NE
EET ADDRESS
-ST-ZIP**PSD**
BURNS, JERRY M
12824 SOUTHWEST 102 COURT
MIAMI FL 33176☐ Delete**VTD**
BURNS, RONNIE H
12824 SOUTHWEST 102 COURT
MIAMI FL 33176☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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, changed, or on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #