

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000084045**

1. Entity Name

G & J DISTRIBUTORS OF IMMOKALEE, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90125 034 ***150.00

Principal Place of Business

5113 PERCH PLACE
IMMOKALEE FL 34142
US

Mailing Address

5113 PERCH PLACE
IMMOKALEE FL 34142-2321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0619971**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****TREJO, LUIS**
5113 PERCH PLACE
IMMOKALEE FL 34142**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, 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****11. OFFICERS AND DIRECTORS**TITLE **PVST** ☐ Delete
NAME **TREJO, LUIS**
STREET ADDRESS **5113 PERCH PLACE**
CITY-ST-ZIP **IMMOKALEE FL**TITLE **D** ☐ Delete
NAME **TREJO, LUIS**
STREET ADDRESS **5113 PERCH PLACE**
CITY-ST-ZIP **IMMOKALEE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditorNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Additor
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CITY-ST-ZIPTITLE ☐ Change ☐ Additor
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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:**LUIS TREJO, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-657-4204

Daytime Phone #