

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90482 025 \*\*\*150.00

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**DOCUMENT # P96000086089**



1. Entity Name  
**J & J RETAIL DONUTS, INC.**

Principal Place of Business  
**2360 W 68TH ST  
UNIT 101  
HIALEAH FL 33016  
US**

Mailing Address  
**P.O. BOX 450662  
MIAMI FL 33245  
US**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 141796**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Coral Gables FL**

4. FEI Number  
**65-0724497**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33114** **USA**

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

**PEREZ, JORGE**

**2356 SW 24TH STREET**

**MIAMI FL 33145**

**541 Barbarossa Ave  
Coral Gables FL 33146**

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 DATE **4/19/03**

**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  Delete  
NAME **PSTD PEREZ, JORGE J**  
STREET ADDRESS **2356 SOUTHWEST 24 STREET**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **541 Barbarossa Ave**  
CITY-ST-ZIP **Coral Gables FL 33146**

TITLE  Delete  
NAME **V BOEDA, JOE**  
STREET ADDRESS **9795 NW 52 STREET #209**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **9351 Fontainebleau Blvd**  
CITY-ST-ZIP **Miami, FL 33172**

TITLE  Delete  
NAME **LOPEZ, JUDY**  
STREET ADDRESS **7531 W. 29TH LANE**  
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **4/19/03** Daytime Phone # **(305)803-4760**

CR2E034 (10/02)