

DOCUMENT # P97000012981

1. Entity Name
J.W. 809 CORP.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 024 ***150.00

Principal Place of Business
809 OLD DIXIE HWY
RIVIERA BEACH FL 33404

Mailing Address
809 OLD DIXIE HWY
RIVIERA BEACH FL 33404

2. Principal Place of Business
809 OLD DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address
809 OLD DIXIE HWY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Riviera Beach, FL
Zip
33404
Country
U.S.A.

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Riviera Beach, FL
Zip
33404
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4. FEI Number 65-0736285
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GHAWALI, JOUDEH J
809 OLD DIXIE HWY
RIVIERA BEACH FL 33404

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P GHAWALI, JOUDEH J 809 OLD DIXIE HWY RIVIERA BEACH FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: JOUDEH J GHAWALI 1/7/01 (561) 707-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)