

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90119 020 ***158.75

DOCUMENT # P97000082635

1. Entity Name
J & I ENTERPRISES, INC.

Principal Place of Business
1490 S FEDERAL HWY
POMPANO BEACH FL 33062
US

Mailing Address
1490 S FEDERAL HWY
POMPANO BEACH FL 33062
US



2. Principal Place of Business
23216 LERMITAGE CIR
Suite, Apt. #, etc.

3. Mailing Address
23216 LERMITAGE CIR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number 65-0786569

Applied For
Not Applicable

Zip 33433 Country USA

Zip 33433 Country USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, JEFFREY G
23123 STATE ROAD SEVEN
SUITE 350-B
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name JEFFREY L. MOORE
Street Address (P.O. Box Number is Not Acceptable)
23216 LERMITAGE CIR.
City BOCA RATON FL Zip Code 33433

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 *Jeffrey L Moore* JEFFREY L. MOORE P 2/9/02
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, 2002 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	<input type="checkbox"/> Delete
NAME	MOORE, JEFFREY	
STREET ADDRESS	1490 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, ISaura H	
STREET ADDRESS	1490 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JEFFREY L.	
STREET ADDRESS	23216 LERMITAGE CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ISaura H.	
STREET ADDRESS	23216 LERMITAGE CIR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jeffrey L Moore* JEFFREY L. MOORE 2/9/02 561-395-9683
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)