## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000096495

J & J TRANSPORT, INC.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90128 012 \*\*\*150.00



					100 <b>0 0</b> 0100 <b>0</b> 10	CA COLOR DILLOCADO
Principal Plac	e of Business	Mailing Address				
18160 N.W. 68 AVENUE #102 18160 N.W. 68 AVENUE #103 MIAMI LAKES FL 33015 MIAMI LAKES FL 33015			!			
				DO NOT WRITE IN THIS S	PACE	
				3. Date Incorporated or Qualifed 11/12/1997		
	Place of Business	2a. Mailing Address	1	4. FEI Number	Α	Applied For
21 1670	00 pw 72 Ct.	26 16700 N	<u>w 72ct</u>	. 65-0793830		lot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22	<del></del>	27		o. Contraction of outling Desired	Fee R	Required
City & State City & State			W - C1	6. Election Campaign Financing		May Be
23 MIQI	· · · · · · · · · · · · · · · · · · ·	28 1710mile	15C5, F1	Trust Fund Contribution		to Fees
Zip	015 25 USA	zip 33015 3	Country	8. This corporation owes the current year Intar	ngible ∐Yes	No
24 330	9. Name and Address of Current		1 3024	Personal Property Tax.  10. Name and Address of New Registered A		AND
	9. Name and Address of Current	Registered Agent	81 Name			
ACO	OSTA, JESUS J			<u> </u>	<u>sr.</u>	
	50 NW 68 AVENUE, #102		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	MI LAKES FL 33015		83	6700 pm 12 Ct.		
			84 Cityia	milahan FL	85 Zip	SOI5
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes		rporation submits this statement for the purpose of cl		
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized by the corpora	tion's board of directors. I hereby accept the appoint	ment as r	egistered
SIGNATURE		ALOTE D	egistered Agent signature requ	ired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PDS	DELETE			Change	
NAME	ACOSTA, JESUS JR.			167 CU W 00 TA	<b>X</b> 3-	٠
STREET ADDRESS	18160 N.W. 68 AVENUE #102	!				
CITY-ST-ZIP	MIAMI LAKES FL 33015		1.4 CITY-ST-ZIP	liami Lakes, Fl. 33015		
TITLE	mum Bulgo 12 dod 10	☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME		5-	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	Change	Addition
		C DELETE		4	single	
NAME		!	3.2 NAME	en e		
STREET ADDRESS		i	3 3 STREET ADDRESS			•
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE		□ DECE IE				
NAME			4. 2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZIP		DELETE	44 CITY-ST-ZIP		Change	☐ Addition
TITLE		, nere ie	5.1 TITLE 5.2 NAME		change	
NAME			5.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		□ BELETÉ	5.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		1	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, or on an apaciment with anaddress, with all other like empowered.

SIGNATURE:

Acosta