

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90004 036 ***150.00

DOCUMENT # P98000007266

1. Entity Name

J. & L. ENTERPRISE USA, INC.

Principal Place of Business

**14 PINE STREET
HOLLYWOOD FL 33023-1365**

Mailing Address

**14 PINE STREET
HOLLYWOOD FL 33023-1365**

2. Principal Place of Business

450-ANSIN BLVD

3. Mailing Address

3919-TAFT ST

Suite, Apt. #, etc.

BAY 1701

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

HOLLYWOOD, FL

Zip

33009

Country

USA

Zip

33021

Country

USA

6. Name and Address of Current Registered Agent

**HOULE, LOUISE
14 PINE STREET
HOLLYWOOD FL 33023-1365**

7. Name and Address of New Registered Agent

HOULE, LOUISE

Street Address (P.O. Box Number is Not Acceptable)

3919-TAFT ST

City

HOLLYWOOD

FL

Zip Code

33021

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, 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** ☐ Delete
NAME **HOULE, LOUISE**
STREET ADDRESS **14 PINE STREET**
CITY-ST-ZIP **3919-TAFT ST HOLLYWOOD 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

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TITLE ☐ Change ☐ Addition
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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 *Louise Houle* **LOUISE HOULE PRES. 03-10-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-894-9834

CR2E034 (9/01)