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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL 16 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name P98000046851
JB Export, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8870 S.W. 49 St.	8870 S.W. 49 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cooper City FL	City & State: Cooper City, FL
Zip: 33328 County:	Zip: 33328 County:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0835553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JB Export, Inc
Street address (P.O. Box number is Not Acceptable): 8870 S.W. 49 Street
City: Cooper City FL 33328

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: _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	President Judith Brown 8870 S.W. 49 St. Cooper City, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

200006590502--6
-07/23/02--01045--0
****150.00 ****150.00

CR2E034(1/01)

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Brown 5/1/02
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date)

Attachment

8870 S.W.49th Street
Cooper City, Fl. 33328-3602
Ph.(954)680-2663
Fax(954)680-4411
E-mail: jbxport@aol.com
www.jbexport.com

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JB Export, Inc.

Florida Department of State
Division of Corporations

To whom it may concern

Reference No.: P98000046851

F.E.I No.: 65-083555-3

Enclosed you will find a check in the amount of $150.00 dollars for our U.B.R 2002 Report.

Due to the death of the Vice President of the Corporation we are requesting his name to be taken off

of the file, along with this letter you will also find enclosed the Death Certificate.

We apologize for the delay in the payment of the above mentioned report.

Thank You,

Judith Brown

Judith Brown
President

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

3083

CERTIFIED COPY

Attachment P98000004685

VOID IF ALTERED OR ERASED

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

Field	Entry
1. DECEDENT'S NAME — FIRST / MIDDLE / LAST	William Eddie Brown
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	(Found) May 4, 2002
4. SOCIAL SECURITY NUMBER	573 23 0130
5a. AGE-Last Birthday (Years)	42
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	October 29, 1959
7. BIRTHPLACE (City and State or Foreign Country)	Elgin, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	no
9a. PLACE OF DEATH (Check only one: see instructions on other side) — HOSPITAL: Inpatient / ER/Outpatient / DOA; OTHER: Nursing Home / Residence / Other (Specify)	X Residence
9b. INSIDE CITY LIMITS? (Yes or No)	yes
9c. FACILITY NAME (If not institution, give street and number)	8870 SW 49th Street
9d. CITY, TOWN, OR LOCATION OF DEATH	Cooper City
9e. COUNTY OF DEATH	Broward
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Cutter
10b. KIND OF BUSINESS/INDUSTRY	Printing
11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	married
12. SURVIVING SPOUSE (If wife, give maiden name)	Judith Castillo
13a. RESIDENCE – STATE	Florida
13b. COUNTY	Broward
13c. CITY, TOWN, OR LOCATION	Cooper City
13d. STREET AND NUMBER	8870 S.W. 49th Street
13e. INSIDE CITY LIMITS? (Yes or No)	yes
13f. ZIP CODE	33328
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	X No
15. RACE – American Indian, Black, White, etc. (Specify)	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 1

PARENTS

Field	Entry
17. FATHER'S NAME (First, Middle, Last)	George William Brown
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Ora Olive Helms
19a. INFORMANT'S NAME (Type/Print)	Judith Brown
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	8870 S.W. 49th Street, Cooper City, Florida 33328

DISPOSITION

Field	Entry
20a. METHOD OF DISPOSITION — Burial / Cremation / Removal from State / Donation / Other (Specify)	X Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Hollywood Memorial Gardens
20c. LOCATION – City or Town, State	Hollywood, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	Joseph G. Pavlick
21b. LICENSE NUMBER (of Licensee)	3639
21c. NAME AND ADDRESS OF FACILITY	Boyd's Family Funeral Homes, 6400 Hollywood Blvd, Hollywood, Fl. 33024

CERTIFIER

Field	Entry
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)	
22b. DATE SIGNED (Mo, Day, Yr)	
22c. HOUR OF DEATH	M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)	Michael Bell
23b. DATE SIGNED (Mo, Day, Yr)	May 5, 2002
23c. HOUR OF DEATH	(Found) 10:45 A.M
23d. MEDICAL EXAMINER'S CASE #	02-17-0619
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)	Michael Bell, M.D. Medical Examiner, 5301 SW 31st Ave. Fort Lauderdale, Fl. 33312
25a. SUBREGISTRAR – SIGNATURE AND DATE	Katherine E. Boyd May 8, 2002
25b. LOCAL REGISTRAR – SIGNATURE	[signature]
25c. DATE REGISTERED	MAY 9 2002

... Do not enter the mode of dying, such as cardiac or respiratory arrest, shock ... | Approximate Interval

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Doris Owens — Deputy Chief Registrar

State Registrar

MAY 09 2002

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10-98)

CERTIFICATION OF VITAL RECORD