

1093

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

8870 S.W. 49 St.

3. Mailing Address

8870 S.W. 49 St.

a. Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cooper City FL

City & State

Cooper City, FL

4. FEI Number

65-0835553

Applicable For

Not Applicable

Zip

33328

County

Zip

33328

County

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

JB Export, Inc.

Street Address, P.O. Box Number, if Not Applicable

8870 S.W. 49 Street

City

Cooper City

FL

33328

DO NOT WRITE
IN THIS SPACE

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 UBR filer

(NOTE: Registered Agent signature required when relinquishing)

(DATE)

9. This corporation is eligible to safely let intangible
tax filing requirements and effects to do so.
(See criteria on back)☐January 1 - May 31 Fee is \$150.00
After May 31 Fee is \$550.00
Amended UBR is \$51.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

President
Judith Brown
8870 S.W. 49 St.
Cooper City, FL 33328

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

200006590502

-07/23/02--01045--0

****150.00 ****150.00

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STREET ADDRESS

CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement 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 the state 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 a home-like employment.

SIGNATURE:

Judith Brown

5/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

Attachment

8870 S.W. 49th Street 2 of 3
Cooper City, Fl. 33328-3602
Ph. (954) 680-2663
Fax (954) 680-4411
E-mail: jbexport@aol.com
www.jbexport.com

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

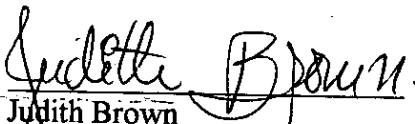
Enclosed you will find a check in the amount of \$150.00 dollars for our U.B.R 2002 Report.

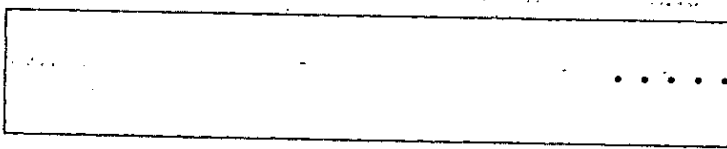
Due to the death of the Vice President of the Corporation we are requesting his name to be taken off

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
President



OFFICE of VITAL STATISTICS

CERTIFIED COPY

Attachment P9800004685

TYPE OR
PRINT IN
PERMANENT
BLACK INKCERTIFICATE OF DEATH
FLORIDA

1. DECEDENT'S NAME FIRST: William MIDDLE: Eddie LAST: Brown		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) (Found) May 4, 2002		4. SOCIAL SECURITY NUMBER 573 23 0130	
5. DATE OF BIRTH (Month, Day, Year) October 29, 1959		6. BIRTHPLACE (City and State or Foreign Country) Elgin, Illinois	
7. PLACE OF DEATH (Check only one: see instructions on other side) a. Hospital: Inpatient ☐ Outpatient ☐ DOA ☐ OTHER: Nursing Home ☒ Residence ☐ Other (Specify): b. FACILITY NAME (If not institution, give street and number) 8870 SW 49th Street c. DECEDENT'S USUAL OCCUPATION Cutter		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No 9. INSIDE CITY LIMITS? (Yes or No) Yes 10. COUNTY OF DEATH Broward	
11. MARITAL STATUS - Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ 12. SURVIVING SPOUSE (If wife, give maiden name) Judith Castillo		13. RESIDENCE - STATE Florida	
13a. INSIDE CITY LIMITS (Yes or No) Yes		13b. ZIP CODE 33328	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Mexican, Cuban, American, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 6-7) 1		17. FATHER'S NAME (First, Middle, Last) George William Brown	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Ora Olive Helms		19. INFORMANT'S NAME (Type/Print) Judith Brown	
20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8870 S.W. 49th Street, Cooper City, Florida 33328		21. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hollywood Memorial Gardens		23. LOCATION - City or Town, State Hollywood, Florida	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Joseph G. Paulich		25. LICENSE NUMBER (of Licensee) 3639	
26. NAME AND ADDRESS OF FACILITY Boyd's Family Funeral Homes 6400 Hollywood Blvd, Hollywood, FL 33024		27. On the basis of examination and investigation, in my opinion death occurred at the time, date and place and (a) to the person(s) as stated. (Signature and Title) <i>Michael Bell</i>	
28. DATE SIGNED (Mo., Day, Yr) May 5, 2002		29. HOUR OF DEATH (Found) 10:45 A.M.	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Michael Bell, M.D. Medical Examiner, 5301 SW 31st Ave. Fort Lauderdale, FL 33312		31. MEDICAL EXAMINER'S CASE # 02-17-0619	
32. SUBREGISTRAR - SIGNATURE AND DATE Katherine E. Boyd May 8, 2002		33. LOCAL REGISTRAR - SIGNATURE Michael M. Sweeney	
34. DATE REGISTERED MAY 9 2002			

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.

13427647

THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1584 (10-98)

CERTIFICATION OF VITAL RECORD