

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90480 003 ***150.00

DOCUMENT # P98000047130

1. Entity Name
J.J FOOD STORES INC

Principal Place of Business
1405 HIGHWAY 17 SOUTH
BARTOW FL 33830

Mailing Address
1405 HIGHWAY 17 SOUTH
BARTOW FL 33830

UUU267JJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0846229**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORAH, ABRAHAM
1405 HIGHWAY 17 SOUTH
BARTOW FL 33830

Name **JOSEPH JACOB**

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

1405 HWY 17 SOUTH

City **BARTOW**

FL

Zip Code **33830**

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]

3/15/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **KORAH, ABRAHAM**
STREET ADDRESS **1405 HIGHWAY 17 SOUTH**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☒ Change ☐ Addition
NAME **JOSEPH JACOB**
STREET ADDRESS **1405 HWY 17 SOUTH**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **D** ☐ Delete
NAME **JOSEPH, LISY**
STREET ADDRESS **1120 LISA LANE**
CITY-ST-ZIP **BARTOW FL 33830**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

863-533-5555

Daytime Phone #

CR2E034 (10/00)