

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90166 016 \*\*\*163.75

UNIFORM ACT

**DOCUMENT # P98000081239**

1. Entity Name

**J WALKER STEVENS, INC.**

Principal Place of Business

**437 N.E. 23RD AVENUE  
 T.H. #4  
 POMPANO BEACH FL 33062-4823  
 US**

Mailing Address

**USA INFO OFFICE  
 4009 N. 23RD ST.  
 MCALLEN TX 78504-4104  
 US**

2. Principal Place of Business

**234 NE 25th St.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BISCAYNE BLVD, Miami, FL**

City & State

Zip

Country

**33137**

**USA**

Zip

Country

4. FEI Number

**65-0863935**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ZELAYA, LISSET  
 234 NE 25TH ST.  
 BISCAYNE BLVD.  
 MIAMI FL 33137**

**SAME**

7. Name and Address of New Registered Agent

Name

**SAME**

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

City

**FL**

Zip Code

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 **STEVENS, J. WALKER**  
 STREET ADDRESS **437 N.E. 23RD AVE., T.H. #4**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062-4823**

TITLE **S** ☒ Delete  
 NAME **STEVENS, M.N.**  
 STREET ADDRESS **2201 PECAN BLVD #325**  
 CITY-ST-ZIP **MCALLEN TX 78501**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
 NAME **Stevens, J. Walker**  
 STREET ADDRESS **4009 N. 23rd St., Suite B-166**  
 CITY-ST-ZIP **McAllen, Texas 78504-4104**

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Stevens, M.N.**  
 STREET ADDRESS **4009 N. 23rd St., Suite B-166**  
 CITY-ST-ZIP **McAllen, Texas 78504-4104**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/09/02 (956) 661-0060**

Date

Daytime Phone #

CR2E034 (9/01)