

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90918 025 \*\*\*150.00

DOCUMENT # **P98000081722**



1. Entity Name  
**J AND J INTERIOR, CORP.**

Principal Place of Business  
**471 S.W. 203RD AVENUE  
HOLLYWOOD FL 33029**

Mailing Address  
**471 S.W. 203RD AVENUE  
HOLLYWOOD FL 33029**



2. Principal Place of Business  
**471 SW 203rd Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**471 SW 203rd Ave.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Pembroke Pines FL**  
Zip  
**33029**  
Country

City & State  
**Pembroke Pines FL**  
Zip  
**33029**  
Country

4. FEI Number **65-0870105**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DORTA, LUCILA  
471 S.W. 203RD AVENUE  
PENSACOLA FL 33029**

**7. Name and Address of New Registered Agent**

Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lucila Dorta* **Lucila Dorta** 4/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DORTA, JOSE JR.</b>	
STREET ADDRESS	<b>471 S.W. 203RD AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DORTA, LUCILA</b>	
STREET ADDRESS	<b>471 S.W. 203RD AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 33029</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucila Dorta* **Lucila Dorta** 4/10/03 441-0262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)