200	O UNIFORM BUS	INESS REPO	RT (UBR)	APPROVED	Pg/al c	
DOCUMENT# P9900009525 1. Entity Name				FILED	POP	
J & A BUSINESS CORP.				OI JAN 31 AHII: C	0	
Principal Place of Business 'Mailing Address						
661 CYPR	RESS LAKE BLVD Ste K	661 CYPRESS LAKE BLVD Ste K		SECRETARY OF STATE TALLAHASSEE, FLORID	: A	
POMPANO BEACH, FL - 33064		POMPANO BEACH, FL - 33064				
2. Principal Place of Business		3. Mailing Address		_		
Suite Apt.#, etc.		Suite. Apt. #. etc.		DO NOT WRITE IN THIS SPACE		
City & Stale		City & Stale		4. FEI Number 65-0899243	Applied For Not Applicable	
Zip	Country	Zíp –	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register	 	
PINHEIRO, JEAN L.			Name	· · · · · · · · · · · · · · · · · · ·		
661 CYPRESS LAKE BLVD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
Ste K						
POMPANO BEACH, FL - 33064			City		Zip Code	
8. The above	named entity submits this statement for th	e purpose of changing its regist	tered office or registered	agent, or both, in the State of Florida.		
SIGNATURE.	Signaldre, typed or permied name of registere	d agent and little if applicable. (NOTE:Registere Agent signa	ature required when reinstating)	05/01/00 DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. Iria on back)	After MAY 1, 20	FEE IS \$150.00 00 Fee will be \$550.0 le to Department of	Trust Fund Confinential.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.	ADDITIONS /CHANGES TO OFFICERS A		
TITLE NAME	PTSD PINHEIRO, JEAN L.	Delete	TITLE		Change Addition	
STREET ADDRESS	661 CYPRESS LAKE BLVD APT. K		STREET ADDRESS		i	
CITY-ST-ZIP	POMPANO BEACH, FL - 33064		CITY- ST- ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		Defete	NAME STREET ADDRESS CITY-ST-ZIP	4000037 4 -02/21/01 ****150,	1	
TITLE	<u> </u>	Delete	TITLE		Change Addition	
NAME STREET ADORESS CITY-ST-ZIP		- OE1616	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Daiele	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	•	i	
TITLE		Delele	TITLE		Change Addition	
STREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
indicated of the cor	d on this report or supplemental report i	s true and accurate and that movement a courage in the second to execute this report a	ıv signatüre shall have :	Section 1 19.07(3)(1), Florida Statutes, I further the same legal effect as if made under oath: tha 607, Florida Statutes, and that my name appears	t lam an officer or director	
SIGNAT	TURE:	MIL		05/01/0		
	SIGNATURE AND THE OF	PRINTED NAME OF SIGNING C	OFFICER OF	Date	Daytime Phone #	

20 Tal Z

FLORIDA DEPARTMENT OF STATE Division of Corporation 2000 Uniform Business Report (UBR) 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

RE: Annual Report (UBR)

J & A BUSINESS CORP. -P99000009525

This letter is to inform you that we have never received a Uniform Business Report form in the mail.

We would like to request you that you forgive the penalty of \$400 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

JEAN LIMA PINHEIRO

J & A Business Corporation 661 Cypress Lake Blvd #K Pompano Beach, FL 33064 Phone (954)420-0761