FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91743 003 ***150.00

DOCUMENT # P99000048364

1. Entity Name

J2J Productions and Distributions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13205 NW 7th Lane
Suite, Apt. #, etc.
City & State: Miami, Fl.
Zip: 33182 Country:

3. Mailing Address
13205 NW 7th Lane
Suite, Apt. #, etc.
City & State: Miami, Fl.
Zip: 33182 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0922449 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bovea Accounting
Street Address (P.O. Box Number is Not Acceptable): 821 SW 122 Ave.
City: Miami Fl. Zip Code: 33184

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: Jose Bovea
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 05/15/02

*9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	Cruz, Jose N.
STREET ADDRESS	13205 NW 7th Lane
CITY-ST-ZIP	Miami, Fl. 33182
TITLE	VD
NAME	Torres, Jacqueline
STREET ADDRESS	13205 NW 7th Lane
CITY-ST-ZIP	Miami, Fl. 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5.8.02
Daytime Phone #: 305-554-5041