

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076129

1. Entity Name

J & L TRANSPORTATION OF USA., INC.

Principal Place of Business

3270 N.W. 18TH CT.
FT. LAUDERDALE FL 33311

Mailing Address

3270 N.W. 18TH CT.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ERVIN, JAMES
3270 N.W. 18TH CT.
FT. LAUDERDALE FL 33311

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERVIN, JAMES	
STREET ADDRESS	3270 N.W. 18TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERVIN, LILLIE M	
STREET ADDRESS	3270 N.W. 18TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ERVIN, HELEN G	
STREET ADDRESS	3270 N.W. 18TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4-15-01

Date

954 733 2965

Daytime Phone #

4/2/01

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

04-02-2001 90304 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)