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**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

SIGNATURE:

P99000076425

## Aug 12, 2002 8:00 am Secretary of State 1. Entity Name 07-23-2002 90333 044 \*\*\*150.00 J.R. & R. ENTERPRISES INC. 08-12-2002 90001 029 \*\*\*550.00 ı Principal Place of Business Mailing Address 5530 SW 44 TERR 5530 SW 44 TERR FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314 2. Principal Place of Business 44100 NW 2 DO NOT WRITE IN THIS SPACE 101014 4. FEI Number Applied For 52-2239509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Browa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE PCED Kuma, Raymond N III KUMA, RAYMOND N III NAME NAME 5530 SW 44 TERR 4400 nw 2nd street STREET ADDRESS STREET ADDRESS CR2E034 FT LAUDERDALE FL 33314 CITY-ST-ZIP CITY-ST-ZIP Plantation TITLE **DVPS** Delete TITLE Change ☐ Addition KUMA, RAYMOND N IV Kuma, Raymond NII 400 NW and Street NAME NAME STREET ADDRESS -5530 SW-44 TERR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33314. CITY-ST-ZIP TITLE ... ☐ Delete TITLE : Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 supplemented 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 bastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if