

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094765

1. Entity Name

J & J BUSINESS TRADE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90098 011 ***150.00

Principal Place of Business

245 SE 1ST STREET
 SUITE 218
 MIAMI FL 33131

Mailing Address

245 SE 1ST STREET
 SUITE 218
 MIAMI FL 33131-1904

2. Principal Place of Business

1635 W 49 ST
 Suite, Apt. #, etc.
 SPACE 1248

3. Mailing Address

20431 NE 7TH COURT
 Suite, Apt. #, etc.

City & State

MIAMI - FL
 Zip 33012 Country USA

City & State

MIAMI - FL
 Zip 33179 Country

4. FEI Number

650957078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLENNIA CONSULTING SERVICES, INC.
 444 BRICKELL AVENUE
 SUITE 750
 MIAMI FL 33131

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 reinstating)

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, 2000 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
 NAME VARDARAMATOS, GERASSIMOS
 STREET ADDRESS 245 SE 1ST STREET
 CITY-ST-ZIP MIAMI FL 33131
 20431 NE 7TH COURT
 MIAMI - FL
 33179 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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
 VARDARAMATOS, GERASSIMOS

Date

Daytime Phone #

(305) 14930500