2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 02, 2001 8:00 am Secretary of State DOCUMENT # **P99000103103** 1. Entity Name J & J RETAIL FOODS, INC. 05-02-2001 90045 044 ***150.00 Principal Place of Business Mailing Address P.O. BOX 450562 P.O. BOX 450562 MIAMI FL 33245 MIAM1 FL 33245 3. Mailing Address 2. Principal Place of Business 2600 NW875 450562 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0984124 Not Applicable. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JORGE J Street Address (P.O. Box Number is Not Acceptable) 2356 S.W. 24TH STREET **MIAMI FL 33145** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE D. President ☐ Delete TITLE ☐ Change ☐ Addition PÉREZ, JORGE J NAME STREET ADDRESS STREET ADDRESS P.O. BOX 450562 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33245 Vice President TITLE Delete TITLE ☐ Change Boveda, Jose 9351 Fountainbleu Blud #8-106 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Miami, FL 33172 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ 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 ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by all and that my signature shall have the same legal effect as if made under oath; that I am an officer or director butle fils report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ke empowered. 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and laccur of the corporation or the receiver or trusteel empowered to execu-changed, or on an attachment with an addless, with all orner like

D NAME OF SIGNING OFFICER OR DIRECTOR