

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90482 024 ***150.00

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DOCUMENT # P99000103103

1. Entity Name

J & J RETAIL FOODS, INC.



Principal Place of Business

**2600 NW 87TH AVENUE
UNIT 7
MIAMI FL 33172**

Mailing Address

**P.O. BOX 450562
MIAMI FL 33245**

2. Principal Place of Business

3. Mailing Address

P.O. Box 141796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables Florida

Zip

Country

33114

Country

USA

4. FEI Number

65-0984124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JORGE J

**2350 S.W. 24TH STREET
MIAMI FL 33145**

**541 Barbours Avenue
Coral Gables FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **PEREZ, JORGE J**
STREET ADDRESS **P.O. BOX 450562**
CITY-ST-ZIP **MIAMI FL 33245**

TITLE ☒ Change ☐ Addition
NAME **541 Barbours Avenue**
STREET ADDRESS **Coral Gables, FL 33146**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BOVEDA, JOSE**
STREET ADDRESS **8351 FOUNTAINBLEU BLVD, STE B-106**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 (305) 203-4760

Date

Daytime Phone #

CR2E034 (10/02)