

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # V09075**1. Entity Name
J. & R. CONSORTIUM, INC.

Principal Place of Business	Mailing Address
3201 SE 11TH STREET	3201 SE 11TH STREET
UNIT #3	UNIT #3
POMPANO BEACH FL	POMPANO BEACH FL
330626506 US	330626506 US

2. Principal Place of Business
3201 SE 11 STREET3. Mailing Address
3201 SE 11 STREETSuite, Apt. #, etc.
UNIT #3Suite, Apt. #, etc.
UNIT #3City & State
POMPANO BEACH FLCity & State
POMPANO BEACH FLZip Country
330626506 USZip Country
330626506 US4. FEI Number
65-0310577Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCANANNI RICHARD V.
3201 SE 11TH ST.
UNIT #3
POMPANO BCH FL
330626506 US**7. Name and Address of New Registered Agent**Name
CINANNI RICHARD VVP
Street Address (P.O. Box Number is Not Acceptable)
3201 SE 11 STREET
UNIT #3
City
POMPANO BEACH FL Zip Code
330626506

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 **RICHARD V CINANNI****04/28/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	CINANNI, RICHARD	
STREET ADDRESS	3201 S.E. 11TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOK, JAMES	
STREET ADDRESS	3201 S.E. 11TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
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	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINANNI RICHARD V	
STREET ADDRESS	3201 SE 11 STREET	
CITY-ST-ZIP	POMPANO BEACH FL 330626506	
TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK JAMES A	
STREET ADDRESS	3201 SE 11 STREET	
CITY-ST-ZIP	POMPANO BEACH FL 330626506	
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: Richard V Cinanni

V/T

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)