

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

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05-05-2003 90326 027 ***150.00

DOCUMENT # **V15375**

1. Entity Name
FOUR JAY SALES, INC.



Principal Place of Business
**2115 W. 73RD STREET
HIALEAH FL 33016
US**

Mailing Address
**2115 W. 73RD STREET
HIALEAH FL 33016
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5201 NW 77TH AVE

3. Mailing Address
P.O. Box 522796

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0312676**

Applied For
 Not Applicable

Zip
33166-4856

Country
U.S.A.

Zip
33152-2796

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROVETO, JAMES R.
2115 W. 73RD ST.
HIALEAH FL 33016**

Name **ROVETO, JAMES R**
Street Address (P.O. Box Number is Not Acceptable)
5201 N.W. 77TH AVE
Suite 200
City **MIAMI** FL Zip Code **33166**

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 *James R. Roveto* **JAMES R ROVETO President** **4/4/03**
Signature, typed or printed name of registered agent and title 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROVETO, JAMES R	2115 W. 73RD ST.	HIALEAH FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ROVETO, JAMES R	5201 NW 77TH AVE Suite 200	MIAMI, FL 33166-4856	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *James R. Roveto* **JAMES R ROVETO** **4/4/03** **305-477-1880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)