

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90089 026 ***150.00

DOCUMENT # P97000003053

1. Entity Name
J.S.J. REALTY, INC.

Principal Place of Business 700 S.W. 10TH STREET BELLE GLADE FL 33430	Mailing Address 700 S.W. 10TH STREET BELLE GLADE FL 33430
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 701 S.W. 10th Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Belle Glade, FL 33430
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4. FEI Number 65-0723119	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SMITH, JAMES JR
700 S.W. 10TH STREET
BELLE GLADE FL 33430**

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 _____ (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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	SMITH, JAMES JR	
STREET ADDRESS	700 S.W. 10TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/>	<input type="checkbox"/>
NAME	Smith, Yolanda D		
STREET ADDRESS	701 S.W. 10th Street		
CITY-ST-ZIP	Belle Glade, FL 33430	<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Yolanda D. Smith, Yolanda D. Smith Date: 4/24/01 Daytime Phone #: (561) 993-4462

CR2E034 (10/00)