

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000108213

1. Entity Name
B.J.P. SALES, INC.



FILED

04 JUN 10 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

HOMETEAM REALTY
1645 N. HIATUS RD
PEMBROKE PINES, FL 33026

Mailing Address

HOMETEAM REALTY
1645 N. HIATUS RD
PEMBROKE PINES, FL 33026

1361 E Sandpiper Circle
Pembroke Pines
71 33026



06072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0976621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERBERT, CURTIS J
10081 PINES BLVD.
SUITE E
PEMBROKE PINES, FL 33024

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PARLAVECHO, BARBARA
STREET ADDRESS
1361 E, SANDPIPER CIR.
CITY - ST - ZIP
PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

Barbara Parlavecchio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-8-04

400038354244
06/28/04--01059--013 **150.00

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IN THIS SPACE**