

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022172 AV

DOCUMENT # **S07184**

1. Entity Name  
**JAP FIX, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 18 AM 8:45

Principal Place of Business  
**705 N NORTHLAKE DR  
HOLLYWOOD FL 33019**

Mailing Address  
**705 N NORTHLAKE DR  
HOLLYWOOD FL 33019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0226910**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DAURIA, JAMES J  
C/O JAP FIX INC  
6031 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS DAURIA, JAMES J 705 N NORTHLAKE DR HOLLYWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DAURIA, TARA 705 N NORTHLAKE DR HOLLYWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP OGDEN, JOHN L. 1701 SW 96TH AVE MIRAMAR FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100004488071000  
-07/23/01-01002--007  
\*\*\*\*150.00 \*\*\*\*150.00

*7/3/01*

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: **SIGNATURE REQUIRED** *[Signature]* **7/3/01** 954-989-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



**Stephen M. Zalka, CPA, P.A.**  
Certified Public Accountants  
stephenzalkacpa.com

July 13, 2001

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Jap Fix, Inc.

Mr. Toner:

Please accept the filing of the Annual Report for Jap Fix, Inc. The following taxpayer never received the Annual Report that must have been lost in the mail. The taxpayer has been in business over 15 years and has never been late in the past. Please execute this filing under normal circumstances. Thank you for your cooperation.

Very truly yours,

Stephen M. Zalka, CPA