

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90457 021 ***150.00

DOCUMENT # S17471

1. Entity Name
PJJ ENTERPRISES, INC.

Principal Place of Business Mailing Address
2237 N COMEMRCE PARKWAY, SUITE #3 **2237 N COMEMRCE PARKWAY, SUITE #3**
WESTON FL 33326 **WESTON FL 33326**

C0063130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0231737	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MANELLA, ROSS H ESQ 2237 N COMMERCE PARKWAY, SUITE #3 WESTON FL 33326			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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGIS, MARIO	NAME	
STREET ADDRESS	7462 CANORA ST	STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3-P3J6	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGIS, MARIE-JOSEE	NAME	
STREET ADDRESS	7462 CANORA ST	STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3P- 3J6	CITY-ST-ZIP	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGIS, PAQUERETTE	NAME	
STREET ADDRESS	7462 CANORA ST	STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H39- 3J6	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGIS, PRUDET	NAME	
STREET ADDRESS	7462 CANORA ST	STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3P- 3J6	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGIS, JOEL	NAME	
STREET ADDRESS	7462 CANORA ST	STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3P- 3J6	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Prudet Dargis* Date: 4/26/01 Daytime Phone #: (954) 385-3637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)