2002 Uniform Business Report (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$28815 1. Entity Name KJ HOLDINGS, INC.						FILED Mar 29, 2002 8:00 am Secretary of State 03-29-2002 91385 003 ***150.00				
Principal Place of Business C/O GEOFFREY RANDALL 201 S BISCAYNE BLVD 1600 MIAMI CNTR MIAMI FL 33131		Mailing Address C/O GEOFFREY RANDALL 201 S BISCAYNE BLVD 1600 MIAMI CNTR MIAMI FL 33131			_					
2. Principal F	Place of Business	3. Mailing Address	*			I INDISENDE ILA SENDE DEIBI LOIDE TAON	0) 3 0 6 0	81817 B1011 C	ISBAS BARIA SUBA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number 65-0255167			plied For]
Zip	Country	Zip	Coun	try	+	Certificate of Status Desired	□ \$	8.75 Add	t Applicable litional	
	6. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·		Name and Address of New Reg	F	e Require	d	1
	o. Hams and Address of Carlette	riegistered Agent		Name		Name and Address of New Reg	istered Ag	ent -	F	
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD.				Street Address	s (P.O.	Box Number is Not Acceptable)			· · · · ·	
1500 MIAMI CENTER						was:				*
MIAMI FL 33131				City		7 - 10-1		Zip Code		-
8 The above	named entity submits this statement fo	s the enverse of character is					FL			-
SIGNATURE .	Signature, typed or printed name of registered agent	·		L Agent signature require			DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Paya	002 Fee		ate	10. Election Campaign Finan Trust Fund Contribution.	cing		O May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		Αί	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JONES, KATHLEEN WYNN 17090 ROCKRIDGE RD POLK CITY FL	☐ Delete	31				Ε	☐ Change	Addition	2E034 (9/01)
TITLE NAME Street Address City-St-Zip		☐ Delete	ll l				Ε] Change	Addition	CR2E(
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	☐ Addition	
NTLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	41] Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- (1	T ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	- 11	T ADDRESS ST-ZIP	•] Change	Addition	
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that r wered to execute this report	my signati : as require	ira chall have the	cama	form officet on if made under eath				