

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 673832

1. Entity Name
LEJEUNE-DOUGLAS WAREHOUSES, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90147 032 ***550.00

Principal Place of Business
C/O FREDERICK A ZOROVICH
4180 NW 132ND ST
MIAMI FL 33054

Mailing Address
C/O FREDERICK A ZOROVICH
4180 NW 132ND ST
MIAMI FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2093427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZOROVICH, FRED A.
4180 N.W. 132ND STREET
MIAMI FL 33054

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BAXTER, TINA
STREET ADDRESS 6520 SW 122 ST
CITY-ST-ZIP MIAMI FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STDV
NAME ZOROVICH, KAREN
STREET ADDRESS 4180 NW 132ND ST
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

9-8-00

305-685-8361

Date

Daytime Phone #

CR2E034 (5/00)