

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90073 044 ***150.00

DOCUMENT # F95000000237

1. Entity Name

JLJ U.S. INC.

Principal Place of Business

Mailing Address

C/O GELFAND
9400 S. DADELAND BLVD. SUITE #100
MIAMI FL 33156
US

C/O GELFAND
9400 S. DADELAND BLVD. SUITE #100
MIAMI FL 33156-2811
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% GELFAND
Suite, Apt. #, etc.
10691 N. Kendall Dr #311

% GELFAND
Suite, Apt. #, etc.
10691 N. Kendall Dr #311

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 58-2144111

Applied For
Not Applicable

Zip 33176 Country USA

Zip 33176 Country USA

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

GELFAND, ELLIOTT J
9400 S DADELAND BLVD, SUITE 100
MIAMI FL 33324

Name ELLIOTT J. GELFAND
Street Address (P.O. Box Number is Not Acceptable)
10691 N. Kendall Dr
SUITE 311
City MIAMI FL Zip 33176

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

[Signature]

ELLIOTT J. GELFAND

2/10/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOOKER, JOANNE 2714 N. 24 STREET ARLINGTON VA 22207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEIN-GLAISHER, JODI PO BOX 881091 STEAMBOAT SPRINGS CO 80488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, LISA 231 W. VALLEY RD. WAYNE PA 19087	<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

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
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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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] JOANNE HOOKER (Joanne Hooker)

Date

3/1/00

Daytime Phone

703 528-7661

CR2E034 (9/99)