

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90037 048 ***150.00

0046220

DOCUMENT # J03254

1. Entity Name

BIJOTO INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**718 W. NEW YORK AVE.
DELAND FL 32720
US**

**718 W. NEW YORK AVE.
DELAND FL 32720
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2660591**

Applied For
Not Applicable

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

**STERN, RONALD K.
3211 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134**

Name **ROBERT C. BROWN**
Street Address (P.O. Box Number is Not Acceptable)
718 WEST NEW YORK AVE
City **DELAND** FL Zip Code **32720**

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 *Robert C. Brown* **ROBERT C. BROWN** 1/14/01
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **PEPE, ELIZABETH**
STREET ADDRESS **192 MARTESIA WAY**
CITY-ST-ZIP **INDIAN HARBOR FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **STERN, RONALD K**
STREET ADDRESS **3211 PONCE DE LEON BLVD., #200**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **MARNI CAPUTO, PRESIDENT REPRESENTATIVE OF THE**
STREET ADDRESS **ESTATE OF RONALD K. STERN (DECEASED)**
CITY-ST-ZIP **P.O. Box 279
KEY LARUE, FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Marni Caputo* **MARNI CAPUTO/PR. /President** 1/19/2001 305 853-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)