

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90037 040 \*\*\*150.00

DOCUMENT # J58292

1. Entity Name

DIJACK ENTERPRISES, INC

**DO NOT WRITE IN THIS SPACE**

427361

2. Principal Place of Business

127 BAL BAY DR.

Suite, Apt. #, etc.

3. Mailing Address

127 BAL BAY DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BAL HARBOUR, FL

City & State

BAL HARBOUR, FL

4. FEI Number

59-2817277

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ERIC D. KUPER

Street Address (P.O. Box Number is Not Acceptable)

127 BAL BAY DR.

City

BAL HARBOUR FL

Zip Code

33154

**DO NOT WRITE  
IN THIS SPACE**

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.

ERIC D. KUPER

(NOTE: Registered Agent signature required when reinstating)

3-11-02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	ERIC D. KUPER	DPS	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Date

305-8660217

Daytime Phone #

CR2E034B (12/01)