

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 032 ***150.00

DOCUMENT # **K62663**

1. Entity Name

C.J. PRODUCTIONS, INC.

Principal Place of Business

**7809 W COMMERCIAL BLVD
TAMARAC FL 33351**

Mailing Address

**7809 W COMMERCIAL BLVD
TAMARAC FL 33351-4382**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7809 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

City & State

TAMARAC, FLORIDA

Zip

Country

33351

Country

U.S.A.

4. FEI Number

65-0098179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARLOS LERSUNDY

**7809 W COMMERCIAL BLVD
TAMARAC FL 33351**

7. Name and Address of New Registered Agent

Name **CARLOS LERSUNDY**

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

7809 W. COMMERCIAL BLVD.

City

TAMARAC

FL

Zip Code

33351

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

4/24/00

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

TITLE **DP** ☐ Delete
NAME **LERSUNDY, CARLOS**
STREET ADDRESS **7809 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC, FL 33351**

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, because 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. I am the owner of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name, address or both have not been changed, or on an attachment with this address, with all other like employees.

SIGNATURE:

CARLOS LERSUNDY

4/24/2000 (954) 726-8866