

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90311 008 ***150.00

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

DOCUMENT # K97063

1. Entity Name

L & J SALOVIN, INC.

825240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
231 Maplecrest Circle

3. Mailing Address
231 Maplecrest Circle

DO NOT WRITE IN THIS SPACE

City & State
Jupiter, FL

City & State
Jupiter, FL

4. FEI Number
65-0128580

Applied For
 Not Applicable

Zip
33458

Country
USA

Zip
33458

Country
USA

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lawrence M. Salovin
 Street Address (P.O. Box Number is Not Acceptable)
231 Maplecrest Circle

City **Jupiter** FL **33458**

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

Lawrence M. Salovin **Lawrence M. Salovin** **President** **2-15-02**

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)

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	DPTS Salovin, Lawrence M. 231, Maplecrest Circle Jupiter, FL 33458
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CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence M. Salovin **Lawrence M. Salovin** **President** **743-9727**
2-15-02