

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85457

1. Entity Name
LGKJAB, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90137 029 ***150.00

Principal Place of Business

Mailing Address

13410 SW 128TH STREET
C/O WILLIAM J. MOTYCZKA
MIAMI FL 33186

13410 SW 128TH STREET
C/O WILLIAM J. MOTYCZKA
MIAMI FL 33186-5800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9425 S.W. 114th St.

3. Mailing Address

9425 S.W. 114th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33176

Country

Zip

33176

Country

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

MOTYCZKA, WILLIAM J.
13410 SW 128TH STREET
MIAMI FL 33186

Name

Arlene Motyczka

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

9425 S.W. 114th St.

City

Miami, Fla.

FL

Zip Code

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

Arlene Motyczka

4/12/00

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, 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	D	<input type="checkbox"/> Delete
NAME	MOTYCZKA, ARLENE	
STREET ADDRESS	13410 SW 128TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAROONAGIAN, LINDA	
STREET ADDRESS	13410 SW 128TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motyczka, Arlene	
STREET ADDRESS	9425 S.W. 114th St.	
CITY-ST-ZIP	Miami, Fla. 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paroonagian, Linda	
STREET ADDRESS	9425 S.W. 114th St.	
CITY-ST-ZIP	Miami, Fla. 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Arlene Motyczka*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2000

305-982-5289

Date

Daytime Phone #

CR2E034 (9/99)