

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90062 045 ***150.00

DOCUMENT # L85457

1. Entity Name
LGKJAB, INC.

Principal Place of Business
**13410 SW 128TH STREET
C/O WILLIAM J. MOTYCZKA
MIAMI FL 33186**

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

2. Principal Place of Business
193 Citrus Trail Circle
Suite, Apt. #, etc.

3. Mailing Address
51 SW 1st Ave. mail Box 47
Suite, Apt. #, etc.

Rm 1014, c/o Arlene Motyczka.

City & State
Miami FL

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33130 Country
USA

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Miami FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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:

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

Name **Arlene Motyczka**
Street Address (P.O. Box Number is Not Acceptable)
51 SW 1st Ave Rm 1014,
mail Box 47
City **MIAMI** FL Zip Code **33130**

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* **Arlene Motyczka** 3/6/2001
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 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** ☐ Delete
NAME **MOTYCZKA, ARLENE**
STREET ADDRESS **13410 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME **MOTYCZKA, ARLENE**
STREET ADDRESS **51 SW 1st Ave., mail Box 47, Rm 1014**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **D** ☐ Delete
NAME **PAROONAGIAN, LINDA**
STREET ADDRESS **13410 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **Paroonagian, Linda**
STREET ADDRESS **c/o Arlene Motyczka 51 SW 1st Ave**
CITY-ST-ZIP **mail Box 47, Rm 1014, Miami, FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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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)(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* **Arlene Motyczka** 3/6/2001 305-982-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)