2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62453 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name B. J. AND ME. INC. 04-03-2000 90186 033 ***150.00 Principal Place of Business Mailing Address 8723 NW 82ND ST 2284 N. DIXIE HIGHWAY TAMARAC FL 33321-1607 **BOCA RATON FL 33431** 632218 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0017472 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHBERG, HOWARD L. Street Address (P.O. Box Number is Not Acceptable) 8723 N W 82ND STREET TAMARAC FL 33321 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE ROTHBERG, HOWARD L. NAME NAME STREET ADDRESS STREET ADDRESS 8723 NW 82ND STREET CITY-ST-ZIP CITY-ST-7IP TAMARAC FL ☐ Addition VSD ☐ Change ☐ Delete TITLE ROTHBERG, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 8723 NW 82ND ST. CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #