

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007092

1. Entity Name

O.D.C.J., INC.

Principal Place of Business

12762 W. DIXIE HWY  
N. MIAMI FL 33161

Mailing Address

12762 W. DIXIE HWY  
N. MIAMI FL 33161-4806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0881350

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

MERTILIEN, JOANEL  
14850 S. SPUR DRIVE  
MIAMI FL 33161

Name

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

City

FL

Zip Code

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MERTILIEN, JOANEL  
STREET ADDRESS 14850 S. SPUR DRIVE  
CITY-ST-ZIP MIAMI FL 33161

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

TITLE V ☐ Delete  
NAME DANTINOR, RODIN  
STREET ADDRESS 1258 NE 172ND ST.  
CITY-ST-ZIP MIAMI FL 33161

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

TITLE S ☐ Delete  
NAME MILLIEN, JOSEPH  
STREET ADDRESS 2950 NE 7TH AVENUE  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☒ Change ☐ Addition  
NAME SILFIDA L. JOSEPH  
STREET ADDRESS 942 NE 108 STREET  
CITY-ST-ZIP MIAMI FL 33161

TITLE T ☐ Delete  
NAME MERTILIEN, CLAUDUIS  
STREET ADDRESS 1450 NW 183RD STREET  
CITY-ST-ZIP MIAMI FL 33169

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

TITLE AT ☐ Delete  
NAME LORFELS, OVIDE ASST.  
STREET ADDRESS 7705 SW 7TH STREET  
CITY-ST-ZIP FT LAUDERDALE FL 33068

TITLE ☒ Change ☐ Addition  
NAME REV. SEAN JOSUE  
STREET ADDRESS 3825 NW 2ND AVE  
CITY-ST-ZIP MIAMI FL 33127

TITLE RS ☒ Delete  
NAME EUSTACHE, ROUQUET  
STREET ADDRESS 540 N.W. 4TH AVE., APT. 2408  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition  
NAME MARIE JOSEPH  
STREET ADDRESS 430 NW 104 ST.  
CITY-ST-ZIP MIAMI FL 33150

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Daytime Phone #

CR2E037 (9/99)