

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000445

1. Entity Name

G B J DEVELOPMENT, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90009 046 ****62.00

Principal Place of Business

11203 NW 15 STREET
PEMBROKE PINES FL 33026

Mailing Address

11203 NW 15 STREET
PEMBROKE PINES FL 33026-2689

101155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

745 N.W. 201 ST.
Suite, Apt. #, etc.

3. Mailing Address

2249 N.W. 102 ST.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0854547

Applied For

Not Applicable

Zip

33169

Country

U.S.A.

Zip

33147

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNEMA, GEORGE
11203 NW 15 STREET
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name Raines, Shawn

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

745 N.W. 201 ST.

City Miami

FL

Zip Code

33169

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BONNEMA, GEORGE	
STREET ADDRESS	11203 NW 15 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BONNEMA, JORDAN	
STREET ADDRESS	11203 NW 15 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ORENGO, SANDY C	
STREET ADDRESS	2249 NW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raines, Shawn	
STREET ADDRESS	745 N.W. 201 ST.	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holmes, Keshq	
STREET ADDRESS	14511 SW 33 CT.	
CITY-ST-ZIP	Miramar, FL 33027	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/27/00

Date

(305) 331-0820

Daytime Phone #

CR2E037 (9/99)