

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90005 025 ***150.00

DOCUMENT # P00000005214

1. Entity Name
PLJ, INC.

Principal Place of Business
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH FL 33160

Mailing Address
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH FL 33160

654423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9970 GRIFFIN RD.
 Suite, Apt. #, etc.

3. Mailing Address
9970 GRIFFIN RD
 Suite, Apt. #, etc.

City & State
COOPER CITY, FL
 Zip
33328
 Country
BROWARD

City & State
COOPER CITY, FL
 Zip
33328
 Country
BROWARD

4. FEI Number
65-1007653

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

COHEN, JEFFREY R ESQ.
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH FL 33160

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

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
 NAME
PARK, EDITH J
 STREET ADDRESS
297 SUNNY ISLES BOULEVARD
 CITY-ST-ZIP
SUNNY ISLES BEACH FL 33160

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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: *Edith J Park* **EDITH J PARK 4-29-01 (954) 434-2366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)