

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 006 ***150.00

DOCUMENT #

P00000014355

1. Entity Name

SJA HOLDINGS, INC

Principal Place of Business

1975 E. SUNRISE BLVD., 5TH FLOOR
FT. LAUDERDALE FL 33304-1454

Mailing Address

1975 E. SUNRISE BLVD., 5TH FLOOR
FT. LAUDERDALE FL 33304-1454

C0067896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE. 711

Suite, Apt. #, etc.

STE. 711

City & State

City & State

4. FEI Number

65-0990149

Applied For

Not Applicable

Zip

33304

Country

Zip

33304

Country

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

ALLOCCO, STEPHEN J
1975 E. SUNRISE BLVD., 5TH FLOOR
FT. LAUDERDALE FL 33304-1454

Name

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

STE. 711

City

FL

Zip Code

33304

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, if applicable

(NOTE: Registered Agent Signature required when reconstituting)

DATE

Sja 4/30/01

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 State10. 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD ALLOCCO, STEPHEN J ESQ 1975 E. SUNRISE BLVD., 5TH FLOOR FT. LAUDERDALE FL 33304-1454	<input type="checkbox"/>	STE. 711 33304	
	<input type="checkbox"/>	VICE PRESIDENT CRAIG PACKER, ESQ. 1975 E. SUNRISE BLVD., STE. 711 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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

4/30/01

954-525-8558

Date

Daytime Phone #