

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90041 024 ***150.00

DOCUMENT # P00000031022

1. Entity Name

BIG JON ENTERPRISES USA, INC.

Principal Place of Business

C/O BOX 5082
FT. LAUDERDALE FL 33310-5082

Mailing Address

C/O BOX 5082
FT. LAUDERDALE FL 33310-5082

2. Principal Place of Business

3. Mailing Address

1860 N PINE ISLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

PLANTATION FL

Zip

Country

Zip

33322

Country

4. FEI Number

65-1021789

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

MREJEN, ARIE P.A.
701 W. CYPRESS RD.
SUITE 302
FORT LAUDERDALE FL 33309

Name

PAUL V CLOUGH, P.A.

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

1860 N PINE ISLAND RD

SUITE 104

City

PLANTATION

FL

Zip Code

33322

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 NAME STREET ADDRESS CITY-ST-ZIP	D OPREA, JON C/O BOX 5082 FT. LAUDERDALE FL 33310-5082	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 #

02-02-01

954-846-1616

CR2E034 (10/00)