

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90006 019 ***150.00

DOCUMENT # P00000036978

1. Entity Name
CJHR CORPORATION

Principal Place of Business
**3170 NORTH FEDERAL HWY
SUITE 205B
LIGHTHOUSE POINT FL 33064**

Mailing Address
**PO BOX 5143
LIGHTHOUSE POINT FL 33074**

2. Principal Place of Business
3650 N. Federal HY

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
#210
City & State
Lighthouse Point, FL

City & State

Zip
33064
Country
Broward

Zip
Country

4. FEI Number
65-1026650

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

**REDD, CAROL H
3170 NORTH FEDERAL HWY
SUITE 205B
LIGHTHOUSE POINT FL 33064**

Name
Street Address (P.O. Box Number is Not Acceptable)
3650 N. Federal HY #210
City
Lighthouse Point FL Zip Code
33064

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 *Carol H. Redd* **Carol H. Redd** *PRES* **3/19/01**
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	<input type="checkbox"/> Delete
D	REDD, CAROL H	PO BOX 5143	LIGHTHOUSE POINT FL 33074	<input type="checkbox"/>
D	REDD, JAMES III	2820 NE 39TH COURT	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Carol H. Redd* **Carol H. Redd** *PRES* **3/19/01** **954-943-8990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)