

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 19, 2001 8:00 am
Secretary of State

04-13-2001 90026 001 ***150.00

DOCUMENT # P00000044988

1. Entity Name

SJ COMPUTER, INC.

Principal Place of Business

Mailing Address

~~2500 W SAMPLE ROAD #1407~~
~~POMPANO BEACH FL 33073~~

~~2500 W SAMPLE ROAD #1407~~
~~POMPANO BEACH FL 33073~~

44714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1570 SW 101 Terr.

1570 SW 101 Terr

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

Broward

Zip

33025

Country

Broward

4. FEI Number

65-1009095

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

KIM, SUNNY

~~2500 W SAMPLE ROAD #1407~~
~~POMPANO BEACH FL 33073~~

Name

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

1570 SW 101 Terr. # 202

City

Pembroke Pines

FL

Zip Code

33025

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

Sunny Kim

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/01

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	PSD	<input type="checkbox"/> Delete
NAME	KIM, SUNNY	
STREET ADDRESS	17970 NE 31 CT #43061407	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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:

Sunny Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)