FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90679 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068504

1. Entity Name
E & J Realty, INC.

DO NOT WRITE IN THIS SPACE

90052116

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2. Principal Place of Business	3. Mailing Address
3061 Exeter D	3061 Exeter D
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA Raton FL	City & State: BOCA Raton FL
Zip: 33434 Country: USA	Zip: 33434 Country: USA

4. FEI Number: 65-1031158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: Miriam Lewkowicz
Street Address (P.O. Box Number is Not Acceptable): 3061 Exeter D
City: Boca Raton FL Zip Code: 33434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x [signature] Miriam Lewkowicz 3/13/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Lewkowicz, Miriam
STREET ADDRESS	3061 Exeter D
CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	V
NAME	Lewkowicz, Abram
STREET ADDRESS	3061 Exeter D
CITY-ST-ZIP	BOCA Raton, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] Miriam Lewkowicz 3/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #