

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90155 006 \*\*\*158.75

**DOCUMENT # P00000107695**

1. Entity Name

**F.J.S. ENTERPRISE, INC.**

Principal Place of Business

2815 EVANS STREET  
 HOLLYWOOD FL 33019

Mailing Address

2815 EVANS STREET  
 HOLLYWOOD FL 33019

**765646**

2. Principal Place of Business

**5359 Nob Hill Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**5359 Nob Hill Rd.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SUNRISE, Florida**

City & State

**SUNRISE, Florida**

4. FEI Number

**65-1058450**

Applied For

Not Applicable

Zip

**33351**

Country

Zip

**33351**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ATWELL, JOE F**  
**2815 EVANS STREET**  
**HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name

**Dimitrios Mentis**

Street Address (P.O. Box Number's Not Acceptable)

**5359 Nob Hill Rd.**

City

**SUNRISE**

**FL**

Zip Code

**33351**

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]*

**Dimitrios Mentis**

**4/25/2001**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENTIS, DIMITRIOS	
STREET ADDRESS	2815 EVANS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOBO-ALVAREZ, RAQUEL M	
STREET ADDRESS	2815 EVANS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ATWELL, JOE F	
STREET ADDRESS	2815 EVANS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mentis, Dimitrios	
STREET ADDRESS	5359 Nob Hill Rd.	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nobo-Alvarez, Raquel M.	
STREET ADDRESS	5359 Nob Hill Rd.	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*[Signature]*

**Dimitrios Mentis**  
**President**

Date

**4/25/2001**

Daytime Phone #

**(954)**  
**741-7451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)