

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P01000000112**1. Entity Name  
BJORDAN INTERNATIONAL, INC.

Principal Place of Business 30600 SW 152ND AVENUES  LEISURE CITY FL 33033	Mailing Address 30600 SW 152ND AVENUES  LEISURE CITY FL 33033
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2. Principal Place of Business 30600 SW 152ND AVENUE	3. Mailing Address P.O. 901182
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LEISURE CITY FL	City & State HOMESTEAD FL
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4. FEI Number <b>65-1061616</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33033	Country	Zip 33090	Country
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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**

JORDAN WILLIAM J  
30600 SW 152ND AVENUES  
  
LEISURE CITY FL 33033

Name JORDAN WILLIAM J
Street Address (P.O. Box Number is Not Acceptable) 30600 SW 152ND AVENUE
City LEISURE CITY FL Zip Code 33033

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 \_\_\_\_\_ **04/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	STD JORDAN BONNIE J 30600 SW 152ND AVENUES LEISURE CITY FL 33033	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JORDAN BONNIE J 30600 SW 152ND AVENUE LEISURE CITY FL 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN WILLIAM J 30600 SW 152ND AVENUES LEISURE CITY FL 33033	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN WILLIAM J 30600 SW 152ND AVENUE LEISURE CITY FL 33033	<input checked="" 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
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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: BONNIE J. JORDAN****STD 04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)