

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91029 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

30050798

DOCUMENT # P01000007433 1. Entity Name MOJAY ENTERPRISES, INC.																													
Principal Place of Business 4809 S W 25TH COURT CAPE CORAL, FL 33914			Mailing Address 4809 S W 25TH COURT CAPE CORAL, FL 33914																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 65-1089255																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SARIG, MOSHE 4809 S W 25TH COURT CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)																													
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				10. FILE NOW! FEES: \$150.00 Penalty: 2003 fee will be \$450.00 Money Order Payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>SARIG, MOSHE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4809 S W 25TH COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME	SARIG, MOSHE		STREET ADDRESS	4809 S W 25TH COURT		CITY-ST-ZIP	CAPE CORAL, FL 33914		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													

CR2E034 (10/02)

4/1/03