

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010400

1. Entity Name
DJS INVESTMENTS, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90136 021 ***150.00

Principal Place of Business P.O. BOX 43 BOCA RATON FL 33429	Mailing Address P.O. BOX 43 BOCA RATON FL 33429
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address* Suite, Apt. #, etc.
City & State Zip	City & State Country
6. Name and Address of Current Registered Agent. TALERICO, DINA M C/O LERNER & KLIESTON, CPA 8211 W BROWARD BLVD, STE 375 PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

4. FEI Number **65-1074491** Applied For
 Not Applicable

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

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, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when restating)
DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TALERICO, DINA M 8211 W BROWARD BLVD, STE 375 PLANTATION FL 33324	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 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)(l), 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 empowerments.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date Daytime Phone #

CR2E034 (9/01)