

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90145 006 ***150.00

DOCUMENT # P01000012488

1. Entity Name
JRJ INVESTMENTS, INC., A FLORIDA CORPORATION

Principal Place of Business
2521 NE 47TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address
2521 NE 47TH STREET
LIGHTHOUSE POINT FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7201 So. US Hwy #1
Port St. Lucie, FL

3. Mailing Address **7201 South U.S.**
HWY #1
Port St. Lucie, FL

City & State
Port St. Lucie, Florida
Zip **34952** **Country** **St. Lucie**

City & State
Port St. Lucie, Florida
Zip **34952** **Country** **St. Lucie**

4. FEI Number **65-1074638** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
SAVAGE, CRAIG D ESQ
801 NE 167TH STREET
NORTH MIAMI BEACH FL 33162

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.
SIGNATURE *Renee L. Shopoff* **Renee L. Shopoff** **2-27-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE PD | <input type="checkbox"/> Delete |
| NAME SHOPOFF, JAMES D | |
| STREET ADDRESS 2521 NE 47TH STREET | |
| CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 | |
| TITLE VSD | <input type="checkbox"/> Delete |
| NAME SHOPOFF, RENEE L | |
| STREET ADDRESS 2521 NE 47TH STREET | |
| CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 | |
| TITLE VP/Treasurer | <input type="checkbox"/> Delete |
| NAME JOSEPH E. THOMPSON JR. | |
| STREET ADDRESS 1348 NW 123rd Terrace | |
| CITY-ST-ZIP Pembroke Pines, FL 33026 | |
| 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 VP/Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Joseph E. Thompson Jr. | |
| STREET ADDRESS 1348 NW 123rd Terrace | |
| CITY-ST-ZIP Pembroke Pines, FL 33026 | |
| 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 | |
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| 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: *Renee L. Shopoff* **2-27-02 (954) 788-3204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)