

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91193 042 ***150.00

DOCUMENT # P01000015872

1. Entity Name
PKJ SERVICES, INC.

Principal Place of Business

**2643 NE 211TH TERR
 AVENTURA FL 33180**

Mailing Address

**2643 NE 211TH TERR
 AVENTURA FL 33180**

2. Principal Place of Business

2330 SW 68th Ter
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 841206
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miramar, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1103830

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33084

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JEAN, PATRICE K
 2643 NE 211TH TERR
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name
JEAN, PATRICE K.
 Street Address (P.O. Box Number is Not Acceptable)
2330 SW 68th Ter
 City
Miramar FL Zip Code
33023

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 of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

6/28/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEAN, PATRICE K	
STREET ADDRESS	2643 NE 211TH TERR	
CITY-ST-ZIP	AVENTURA FL 33180	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean, Patrice K.	
STREET ADDRESS	P.O. Box 841206	
CITY-ST-ZIP	Pines, FL 33084	
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:

JEAN, PATRICE K SEAN

6/28/02

Date

Daytime Phone #

954

601-7707

CR2E034 (9/01)