

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91059 014 \*\*\*150.00

**DOCUMENT # P01000040423**



1. Entity Name  
**D.J.H. OF MIAMI, INC.**

Principal Place of Business  
**16145 N.W. 52ND AVENUE  
MIAMI LAKES FL 33014**

Mailing Address  
**16145 N.W. 52ND AVENUE  
MIAMI LAKES FL 33014**



2. Principal Place of Business

**5390 NW 161<sup>st</sup> St**

3. Mailing Address

**PO Box 4811**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Main Lakes FL**

City & State

**Miami Lakes FL**

4. FEI Number

**65-1103127**

Applied For

Not Applicable

Zip

**33014**

Country

Zip

**33014**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, ALAN JAY ESQ.  
BESKIN, LEWIS, KRACOFF, P.A.  
5220 STATE ROAD 84, SUITE 302  
DAVIE FL 33324**

7. Name and Address of New Registered Agent

Name **Herman Moskowitz**  
Street Address (P.O. Box Number is Not Acceptable) **3850 Hollywood Blvd #204**  
City **Hollywood** FL Zip Code **33021**

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.

(If P.O. Registered Agent signature required when reinstating)

DATE

**3-6-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TUCHKLAPER, MARVIN</b>	
STREET ADDRESS	<b>16145 N.W. 52ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-03**

Date

**(305) 620-1990**

Daytime Phone #

CR2E034 (10/02)