

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

FILED

03 JUN 18 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

BOJ CORPORATION

P 01000060883



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4002 ORIENT RD.

3. Mailing Address
136 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
WOODCLIFF LAKE, NJ

4. FEI Number 59-3739598

Applied For
Not Applicable

Zip
33610

Country
US

Zip
07677

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JALLO, MARY

Street Address (P.O. Box Number is Not Acceptable)

1942 LAGO VISTA BLVD.

City PALM HARBOR,

FL

Zip Code 34685

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

Mary Jallo

TREASURER

5/15/03

Signature, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

January 1 - May 31 Fee is \$150.00
After May 1 Fee is \$50.00
Annual UBR is \$1.25
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

TITLE: PRESIDENT
NAME: JALLO, CHAMOUN, 1942 LAGO VISTA BLVD., PALM HARBOR, FL 34685

TITLE: VICE PRESIDENT
NAME: JALLO, JOHN, 1942 LAGO VISA BLVD., PALM HARBOR, FL 34685

TITLE: TREASURER
NAME: JALLO, MARY, 1942 LAGO VISTA BLVD., PALM HARBOR, FL 34685

TITLE: SECRETARY
NAME: JALLO, CHRISTINE, 1942 LAGO VISTA BLVD., PALM HARBOR, FL 34685

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address with all other like empowered.

Mary Jallo

6-18-03

CR2E034B (12/02)