

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

DOCUMENT # P01000092938

1. Entity Name

EJ TECHNOLOGIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1681 93 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6163 MIAMI LAKES Dr East

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

MIAMI LAKES FL

Zip

33322

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-1155966

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75

0000000000

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

EDWARD GARCIA, INC

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

6163 MIAMI LAKES DRIVE EAST

City

MIAMI LAKES

FL

Zip Code

33014

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 reinstating)

9/20/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00

0000000000

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT DIRECTOR
GARY ZEIK
1681 93 AVENUE
PLANTATION FL 33322

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/02

CR2E034B (12/01)

6163 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014
Tel 305-823-9292 - Fax 305-824-0703

ASSOCIATED TAX CONSULTANTS, INC.

September 20, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL 32302-1500

REF: ANNUAL REPORT: YEAR 2002
EJ TECHNOLOGIES, INC.
DOC # P01000092938

Dear Tyrome,

AS PER OUR CONVERSATION, WE NEVER RECEIVED AN ANNUAL REPORT
DUE TO A WRONG MAILING ADDRESS. PLEASE NOTE THE NEW MAILING
ADDRESS IN ATTACHED ANNUAL REPORT "MAILING ADDRESS" ON ANNUAL
REPORT FORM AS PER YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF
CORPORATIONS ACCEPT THE \$ 150.00 IN PAYMENT OF THE ANNUAL
REPORT AND \$ 8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.
THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,



Edward Garcia, BBA, EA
PRESIDENT

EDWARD GARCIA, INC.
REGISTERED AGENT

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. E.J. TECHNOLOGIES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 SEP 24 AM 11:02

RECEIVED

Examiner's Initials