

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90114 033 ***150.00

DOCUMENT # P01000097169



1. Entity Name
B.J.D. PROPERTIES, INC.

Principal Place of Business
**3501 KEYSER AVENUE
VILLA #8
HOLLYWOOD FL 33021**

Mailing Address
**3501 KEYSER AVENUE
VILLA #8
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1144393**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, STEPHEN L
737 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **D** ☐ Delete
NAME **TREITMAN, HOWARD**
STREET ADDRESS **3501 KEYSER AVENUE #8**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **HOWARD TREITMAN**
STREET ADDRESS **3501 KEYSER AVE #8**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECY TREASURER** ☐ Change ☒ Addition
NAME **HOWARD TREITMAN**
STREET ADDRESS **3501 KEYSER AVE #8**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: **HOWARD TREITMAN** 1/24/03 1305935 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)