

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90449 034 ***150.00

DOCUMENT # P02000017626

1. Entity Name

C.J.S. INTERNATIONAL, INC.



Principal Place of Business

7590 W ATLANTIC BLVD
MARGATE FL 33025

Mailing Address

7590 W ATLANTIC BLVD
MARGATE FL 33025

2. Principal Place of Business

570 NW 26th St

3. Mailing Address

570 NW 26th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

33127

Zip

Country

33127

4. FEI Number

01-0606072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHNALL, CHRISTOPHER

7590 W ATLANTIC BLVD
MARGATE FL 33025

7. Name and Address of New Registered Agent

Name

CHRISTOPHER SCHNALL

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

570 NW 26th St

City

MIAMI

FL

Zip Code

33127

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.

(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

TITLE DP
NAME SCHNALL, CHRISTOPHER
STREET ADDRESS 126 FERN ST
CITY-ST-ZIP WASHINGTON TWP NJ 07676

☐ Delete

TITLE DV
NAME COHEN, IRA
STREET ADDRESS 4950 NW 110 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

305-573-8884

Daytime Phone #

CR2E034 (10/02)