

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000057611

1. Entity Name

TJ IMPORT & EXPORT CORP.

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90210 029 ***150.00

Principal Place of Business

Mailing Address

10863 NW 9TH CT
PLANTATION, FL 33324

10863 NW 9TH CT
PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0693985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH, FL 33064

Name

TAX HOUSE CORPORATION

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

533 E SAMPLE RD

City

POMPANO BEACH

FL

Zip Code

33064

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)

DATE

04/09/03

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW! FEE IS \$150.00

After MAY 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNSTEK, TELMA	NAME	KUNSTEK, TELMA
STREET ADDRESS	10763 NW 9 CT	STREET ADDRESS	10863 NW 9TH CT
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Telma Kunstek

04/09/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #