

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90148 002 ***150.00

0309233 AV

DOCUMENT # P02000120113

1. Entity Name
HJD HOLDINGS, INC.



Principal Place of Business
**20770 WEST DIXIE HIGHWAY
AVENTURA FL 33180**

Mailing Address
**20770 WEST DIXIE HIGHWAY
AVENTURA FL 33180**

2. Principal Place of Business
INVESTMENTS
Suite, Apt. #, etc.

3. Mailing Address
20770 WEST DIXIE Hwy
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Aventura
Zip **33180** Country **DATE**

City & State
FL
Zip Country

4. FEI Number
37-1448513
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMALL, JESSE-
20770 WEST DIXIE HIGHWAY
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, JESSE 20770 WEST DIXIE HIGHWAY AVENTURA FL 33180	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2003 (305) 705-0351
Date Daytime Phone #

CR2E034 (10/02)