

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90037 045 ***150.00

DOCUMENT # P03000091747

1. Entity Name
PBJ OF COOPER CITY, INC.



Principal Place of Business
9588 GRIFFIN ROAD
COOPER CITY, FL 33328

Mailing Address
9588 GRIFFIN ROAD
COOPER CITY, FL 33328

50015906



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-2107096

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

BOSSE, PAUL
9588 GRIFFIN ROAD
COOPER CITY, FL 33328

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOSSE, PAUL ☐ Delete
STREET ADDRESS 5004 SOUTHWEST 104TH AVENUE
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE VP
NAME CIAVARELLA, JOSEPH ☐ Delete
STREET ADDRESS 3511 OTTAWA LANE
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE S
NAME LAYER, JAMES ☒ Delete
STREET ADDRESS 8063 SOUTHWEST 133RD PLACE
CITY-ST-ZIP MIAMI, FL 33183

TITLE T
NAME BARR, IRMA ☐ Delete
STREET ADDRESS 10408 SOUTHWEST 49TH PLACE
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE Secretary
NAME Linda S. Donato ☐ Delete
STREET ADDRESS 8674 SW 51 ST
CITY-ST-ZIP COOPER CITY FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul Bosse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/05

Date

954-252-5355

Daytime Phone #