

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000001526**
 1. Entity Name
HALLEY LUJAH, INC. ✓

FILED
Apr 05, 2000 8:00 am
Secretary of State
 04-05-2000 90083 003 ***150.00

Principal Place of Business
**1131 SE 6th Terr.
 Pompano Beach, Fla.
 33060**

Mailing Address
**1131 SE 6th Terr.
 Pompano Beach, Fla.
 33060**

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2. Principal Place of Business
**374 LAKE FRANCIS DR.
 Golden Lakes Village
 West Palm Beach, Fla.**

3. Mailing Address
**374 LAKE FRANCIS DR.
 Golden Lakes Village
 West Palm Beach, Fla.**

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, Fla.

City & State
West Palm Beach, Fla.

4. FEI Number
58-2018360

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WAYNE D. REID
 1131 SE 6th Terr.
 Pompano Beach, Fla. 33060**

7. Name and Address of New Registered Agent
 Name **WAYNE D. REID**
 Street Address (P.O. Box Number is Not Acceptable)
**GOLDEN LAKES VILLAGE
 374 LAKE FRANCIS DRIVE**
 City **WEST PALM BEACH, FL** Zip Code **33411**

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  **WAYNE D. REID** **3/28/00**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST WAYNE D. REID 1131 SE 6th Terr. Pompano Beach, Fla. 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDEN LAKES VILLAGE 374 LAKE FRANCIS DRIVE WEST PALM BEACH, FLA. 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **WAYNE D. REID** **3/28/00** **(856) 582-8276**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)