

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90030 001 ***150.00
 01-16-2001 90030 002 ****13.75

21866



DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000007331			
1. Entity Name JG IMPORTERS, INC.			
Principal Place of Business GAJDA, JOSEPH 1370 S OCEAN BLVD POMPANO BCH FL 33062 US		Mailing Address J G IMPORTERS, INC 1370 S OCEAN BLVD. #2706 POMPANO BEACH FL 33062 US	
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 65-0372446		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAJDA, JOSEPH 1370 S OCEAN BLVD SUITE 2706 POMPANO BCH FL 33062		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.			
SIGNATURE _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAJDA, JOSEPH 1370 S OCEAN BLVD, #2706 POMPANO BCH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph Gajda - JOSEPH GAJDA		Date Jan. 5-2001 - Daytime Phone # 954-941-3305	

CR2E034 (10/00)