

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008923

1. Entity Name

JUCFAM ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~451 OLYMPUS DR~~ 1933 Ridge Rd.
JUNO BEACH FL No. Palm Beach, FL
33408

25802 PRAIRIESTONE DR
LAGUNA HILLS CA 92653

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 65-0372338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVISONAS, LINDA V. ~~AVIZONIS, LIUDA~~
451 OLYMPUS DR 1933 Ridge Rd.
JUNO BEACH FL 33408 No. Palm Beach, FL
33408

Name Liuda Avizonis

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

1933 Ridge Rd.
No. Palm Beach, FL

City

33408 FL

Zip Code

33408

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

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, 2001 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

TITLE ~~PRESED~~ ☒ Delete
NAME JUCENAS, BRONE M
STREET ADDRESS 451 OLYMPUS DR 1933 Ridge Rd.
CITY-ST-ZIP JUNO BEACH FL No. Palm Beach, FL
33408

TITLE ~~Preo~~ ☒ Change ☐ Addition
NAME Avizonis, Liuda V.
STREET ADDRESS 25802 Prairiestone Dr.
CITY-ST-ZIP LAGUNA HILLS, CA 92653

TITLE P ☒ Delete
NAME AVIZONIS, LIUDA V
STREET ADDRESS 25802 PRAIRIESTONE DR
CITY-ST-ZIP LAGUNA HILLS CA

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

TITLE D ☐ Delete
NAME LIAUKUS, MILDA E
STREET ADDRESS 21 BROWNSON DR
CITY-ST-ZIP HUNTINGTON CT

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

TITLE D ☐ Delete
NAME JUCENAS, ANTHONY L
STREET ADDRESS 2291 MIRASOL DR
CITY-ST-ZIP VISTA CA

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

TITLE D ☐ Delete
NAME CALLO, GAILE
STREET ADDRESS 30 WEDGEWOOD DR
CITY-ST-ZIP CENTERVILLE MA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Liuda V. Avizonis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
Date

949-362-4472
Daytime Phone #

CR20034 (10/00)