## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P92000010648** May 30, 2000 8:00 am **Secretary of State** S AND J HOLDINGS, INC. 05-30-2000 90091 003 \*\*\*150.00 Principal Place of Business Mailing Address 2400 E COMMERCIAL BLVD 2400 E COMMERCIAL BLVD SUITE 709 SUITE 709 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308-4033 3. Mailing Address 2. Principal Place of Business E- Hillsboro Bul. . Hillshow P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number. 65-0374402 ratislo Beach Not Applicable Browner \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CLARK, THOMAS M 2400 E COMMERCIAL BLVD SUITE 820 FT LAUDERDALE FL 33308 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible 0.=Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE TITLE ☐ Delete BORTUEU, ROBERT PA NAME NAME STREET ADDRESS STREET ADDRESS 411 E HILLSBORO BLVD CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33441** Addition ☐ Delete ☐ Change TITLE TITLE WEISS, SAM R NAME STREET ADDRESS STREET ADDRESS 3100 NE 48 ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME MURO, JAMES E STREET ADDRESS STREET ADDRESS 1211-OW STH AVE CITY-ST-ZIP CITY-ST-ZIP ROCA-BATOM FI-99482 Addition . Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his filling 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 the 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 tustee empowered of except the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tustee empower changed, or on an attachment with an address, with changed, or on an attachment with ar

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #