

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 048 ***150.00

DOCUMENT # P93000025842

1. Entity Name
HJM, INC.

Principal Place of Business
22509 MIDDLETOWN DRIVE
BOCA RATON FL 33428
US

Mailing Address
22509 MIDDLETOWN DRIVE
PRIVATE OFFICE
BOCA RATON FL 33428
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
22509 MIDDLETOWN DR

3. Mailing Address
22509 MIDDLETOWN DR

Suite, Apt. #, etc.
PRIVATE OFFICE

Suite, Apt. #, etc.
PRIVATE OFFICE

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
65-0406438

Applied For
 Not Applicable

Zip
33428

Country
FLA BEACH

Zip
33428

Country
FLA BEACH

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

ZASLAVSKY, JANET
22509 MIDDLETOWN DR
BOCA RATON FL 33428

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

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, 2002 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
DP
 NAME
ZASLAVSKY, JANET
 STREET ADDRESS
22509 MIDDLETON DR.
 CITY-ST-ZIP
BOCA RATON FL 33428

☐ Delete

TITLE
V
 NAME
ZASLAVSKY, MAX
 STREET ADDRESS
22509 MIDDLETON DR
 CITY-ST-ZIP
BOCA RATON FL

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

JANET ZASLAVSKY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1561-852-9470

CR2E034 (9/01)