

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057870

1. Entity Name

CJ VENTURES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90488 020 ***150.00

Principal Place of Business

Mailing Address

6617 W. BOYNTON BEACH BLVD.
 SUITE 202
 BOYNTON BEACH FL 33437

6617 W. BOYNTON BEACH BLVD.
 SUITE 202
 BOYNTON BEACH FL 33437-3526

2. Principal Place of Business

6542 Hypoluxo Rd.

3. Mailing Address

6542 Hypoluxo Rd.

(Suite) Apt. #, etc.

294

(Suite) Apt. #, etc.

294

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

FL

Zip

33467

Country

FL

4. FEI Number

65-0629349

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

THE LAW FIRM LAWRENCE J SPIEGLE, CHARTERED
 343 ALMERIA AVE
 CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME LEVINSON, KENNETH J
 STREET ADDRESS 6617 W. BOYNTON BEACH BLVD., #202
 CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE
 NAME
 STREET ADDRESS 6542 Hypoluxo Road, #294
 CITY-ST-ZIP Lake Worth, FL 33467

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Kent

4/22/00

800
 PC3-8314

Date

Daytime Phone #

CF 014 (3/99)