

2001 UNIFORM BUSINESS REPORT (UBR)

0321008

DOCUMENT # P93000057870

1. Entity Name
CJ VENTURES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 12:03

Principal Place of Business
6542 HYPOLUXO RD
STE 294
LAKE WORTH FL 33467

Mailing Address
6542 HYPOLUXO RD
STE 294
LAKE WORTH FL 33467

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number 65-0629349 Applied For
Not Applicable

Zip Country Zip Country

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)
000004622230-3
-10/03/01--01071--019
City ***550.00 FL ***550.00

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVINSON, KENNETH J 6542 HYPOLUXO RD #294 LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Kenneth Levinson 9/27/01 800 863-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)