

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068709

1. Entity Name

R.J. BOYNTON BEACH, INC.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90104 032 \*\*\*150.00

Principal Place of Business

Mailing Address

5835 LAKE WORTH RD  
GREENACRES CITY FL 33463

5835 LAKE WORTH RD  
GREENACRES CITY FL 33463-3209

2. Principal Place of Business

3. Mailing Address

4746 N. CONGRESS AVE

4746 N. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL.

City & State

LANTANA, FL.

4. FEI Number

65-0473836

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

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

JULYIA, RICHARD M  
5835 LAKE WORTH RD  
GREENACRES CITY FL 33463

Name Lenore Kaldor

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

4746 North Congress Ave.

City

LANTANA

FL

Zip Code

33462

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	JULYIA RICHARD,	
STREET ADDRESS	4746 NORTH CONGRESS AVE	
CITY-ST-ZIP	ALANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENORE KALDOR	
STREET ADDRESS	4746 NORTH CONGRESS AVE	
CITY-ST-ZIP	LANTANA, FL. 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lenore Kaldor, Pres.

4-16-00 (S61) 433-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)