

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P94000005809

1. Entity Name  
JUN ASSOCIATES, INC.

FILED

00 JUN 17 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1004 NE ORANGE AVE.  
JENSEN BEACH FL 34957  
US

Mailing Address

1004 NE ORANGE AVE.  
JENSEN BEACH FL 34957  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0464598

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

JUN, PETER  
1004 NE ORANGE AVE.  
JENSEN BEACH FL 34957

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
V  
JUN, JOANN  
1004 NE ORANGE AVE.  
JENSEN BEACH FL 34957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.  
PETER JUN  
1004 NE ORANGE AVE.  
JENSEN BEACH, FL 34957 ☐ Change ☒ Addition

TITLE  
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Res. 7/7/00 J61  
225-5404  
Date Daytime Phone #

CR2E034 (5/00)

20f2

# juen associates inc.

7/7/00

Department of State  
UBR Filings  
Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam,

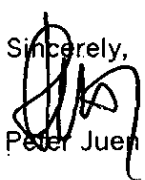
We just received your second notice for UBR Filing 2000.

We have previously sent this report back to you on or about 4/23/00 with a check for \$300.00 (check # 1441) which was intended to pay for:

South East Florida Polysteel Inc. # P9800002111  
Juen Associates Inc. # P94000005809

This check has not cleared our bank, and after calling your office today we were advised to re-submit the enclosed report with two separate checks for the two corporations.

Sincerely,



Peter Juen