

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040337

1. Entity Name

FREJA GROUP, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90153 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2499 GLADES RD  
SUITE 107  
BOCA RATON FL 33431  
US

6000 NORTH OCEAN BLVD.  
SUITE 7E  
FORT LAUDERDALE FL 33308-2340  
US

2. Principal Place of Business

6000 NORTH OCEAN BLVD

3. Mailing Address

Suite, Apt. #, etc.

#7E

City & State

FORT LAUDERDALE FL

Zip

Country

33308-2340

US

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0505815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, MICHAEL N ESQ.  
1401 BRICKELL AVENUE STE. 300  
MIAMI FL 33131

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

TITLE **D**  
NAME **BARTON, FRED**  
STREET ADDRESS **1401 BRICKELL AVENUE STE. 300**  
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

TITLE **D**  
NAME **BARTON, JANE**  
STREET ADDRESS **1401 BRICKELL AVENUE STE. 300**  
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

**SIGNATURE**  
**JANE BARTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**040300**  
Date

**946 4979**  
Daytime Phone #

CR2E034 (9/99)