

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90561 040 ***150.00

DOCUMENT # P94000041191

1. Entity Name
JUDITH STOPEK CAREER CONNECTIONS, INC.

Principal Place of Business
% JUDITH STOPEK
701 BRICKELL KEY BLVD., APT. 1512
MIAMI FL 33131
US

Mailing Address
% JUDITH STOPEK
701 BRICKELL KEY BLVD., APT. 1512
MIAMI FL 33131
US



2. Principal Place of Business
1581 BRICKELL AVE

3. Mailing Address
1581 BRICKELL AVE.

Suite, Apt. #, etc.
1504

Suite, Apt. #, etc.
1504

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33129

Country
DADE

Zip
33129

Country
DADE

4. FEI Number **65-0496340**

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

STOPEK, SETH
701 BRICKELL KEY BLVD.
APT. 1512
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **SETH STOPEK**
Street Address (P.O. Box Number is Not Acceptable) **1581 BRICKELL AVENUE**
APT. 1504
City **MIAMI** **FL** **Zip Code** **33129**

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

4/22/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DS** ☐ **Delete**
NAME **STOPEK, SETH**
STREET ADDRESS **701 BRICKELL KEY BLVD APT 1512**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PTD** ☐ **Delete**
NAME **STOPEK, JUDITH**
STREET ADDRESS **701 BRICKELL KEY BLVD, APT 1512**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUDITH STOPEK **1/9/02** **305-854-3474**
305-377-1801

CR2E034 (9/01)