

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042285

1. Entity Name

NJD INVESTMENT INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90044 046 ***150.00

Principal Place of Business

Mailing Address

3504 WILDWOOD CIR
MIAMI FL 33133
US

3504 WILDWOOD CIR
MIAMI FL 33133-5919
US

2. Principal Place of Business

7420 SW 49 CT

3. Mailing Address

7420 SW 49 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0697069

Applied For

Not Applicable

Zip

Country

33143 USA

Zip

Country

33143 US

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

DIMOND, VIVIAN
3504 WILDWOOD CIR
MIAMI FL 33135

Name

DIMOND, VIVIAN

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

7420 SW 49 CT

City

MIAMI

FL

Zip Code

33143

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 PSTD ☐ Delete
NAME DIMOND, VIVIAN
STREET ADDRESS 3504 WILDWOOD CIR
CITY-ST-ZIP MIAMI FL 33133

TITLE PSTD ☒ Change ☐ Addition
NAME Dimond, Vivian
STREET ADDRESS 7420 SW 49 CT
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/00 (305) 448-4901

Daytime Phone #

CR2E034 (9/99)