

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044448

1. Entity Name

L&J CAPITAL COMPANY

Principal Place of Business

3328 NE 169TH ST
N MIAMI BEACH FL 33160
US

Mailing Address

3328 NE 169TH ST
N MIAMI BEACH FL 33160-3068
US

2. Principal Place of Business

1907 NE 154 STREET

Suite, Apt. #, etc.

3. Mailing Address

1907 NE 154 STREET.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

6. Name and Address of Current Registered Agent

SCHIGIEL, LEON
9970 NW 89TH COURT
MEDLEY FL 33178

4. FEI Number

65-0503471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

1907 NE 154 STREET

City

N. MIAMI BEACH

FL

Zip

33162

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 | PD | <input type="checkbox"/> Delete |
| NAME | SCHIGIEL, LEON | |
| STREET ADDRESS | 3328 NE 169 STREET | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | BICK, JOSEPH | |
| STREET ADDRESS | 3480 WINDMILL RANCH | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1907 NE 154 STREET | |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33162 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3445 STATION ROAD | |
| CITY-ST-ZIP | WESTON, FL 33331 | |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90053 044 ***150.00



DO NOT WRITE IN THIS SPACE

4-4-00