

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91151 005 ***150.00

DOCUMENT # P94000044448

1. Entity Name

L&J CAPITAL COMPANY

Principal Place of Business

1907 NE 154 ST.
NO. MIAMI BCH FL 33162
US

Mailing Address

1907 NE 154 ST.
NO. MIAMI BCH FL 33162
US

2. Principal Place of Business

3200 NW 77 Ct
Suite, Apt. #, etc.

3. Mailing Address

3200 NW 77 Ct
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0503471

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

SCHIGIEL, LEON

1907 NE 154 ST

NO. MIAMI BCH. FL 33162

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.

Leon Schigiel

4-18-01

305-468-1515

(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, 2001 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 **PD** ☐ Delete
NAME **SCHIGIEL, LEON**
STREET ADDRESS **1907 NE 154 ST.**
CITY-ST-ZIP **NO. MIAMI BCH. FL 33162**

TITLE **PD** ☒ Change ☐ Addition
NAME **Leon Schigiel**
STREET ADDRESS **3200 NW 77 Ct**
CITY-ST-ZIP **Miami, FL 33122**

TITLE **STD** ☒ Delete
NAME **BICK, JOSEPH**
STREET ADDRESS **3445 STALION RD.**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Leon Schigiel

4-18-01

Date

305-468-1515

Daytime Phone #

CR2E034 (10/00)