2000 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # **P94000059216**

Entity Name

N J UNITED, INC.

rincipal Place of Business

Mailing Address

CKCCCHOBSE BLVD FALM BEACH FL 33417 4780 OKEECHOBEE BLVD WEST PALM BEACH FL 33417-4626

Principal Place of Business 3. Mailing Address

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90023 048 ***150.00

D0025053



Suite, Apt. #, etc. City & State			Suite, Apt	Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE					
			City & Sta				4. FEI Number 65-0505923				Applied For	
Zip	Country Zip			(Country						Not Applicable 8.75 Additional Be Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
					Name							
SAVDAS, NARAYAN J 4780 OKEECHOBEE BLVD WEST PALM BEACH FL 33417					Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
					Gity				FI	Zip Co	ode	
The above	named entity	submits this statement	for the purpose of	f changing its reg	istered office or I	registered a	gent, or both, in	the State of Fig	orida.			
GNATURE.	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE, Re	gistered Agent signatur	e required when	reinstating)		DATE	· -		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to D					Fee will be \$5!	50,00		Campaign Fir Ind Contributio		\$5. Adde	00 May Be ed to Fees	
	r	OFFICERS AN	D DIRECTORS		12.	A	DDITIONS/CHA	NGES TO OFF	ICERS AN	D DIRECTO	R\$ IN 11	
.E Me Eet address Y-St-Zip	836 CINN	NARAYAN J AMON RD BEACH FL 33408	[Delete	NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
LE ME REET ADDRESS Y-ST-ZIP	836 CINN	D Delete TITL SAVDAS, JYOTSNA N 836 CINNAMON RD N PALM BEACH FL 33408 TITL STR								☐ Change	Addition	
.E ME EET ADDRESS Y-ST-ZIP	NAN Stro				TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
EET ADDRESS 1'- ST-ZIP	NAM! STRE				TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
LE ME EET ADDRESS Y-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP					☐ Change	☐ Addition	
E 1E				☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	☐ Addition	

changed, or on an attachment with an address, with all other like empowered.

640-40/0 Daytime Phone #