FILED

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 12, 2002 8:00 am P94000060087 DOCUMENT # **Secretary of State** 1. Entity Name 02-12-2002 90092 004 \*\*\*150 00 P AND J DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 552 N.E. 34TH COURT 552 N.E. 34TH COURT OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0512161 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, GERALD Street Address (P.O. Box Number is Not Acceptable) 4860 N.E. 12TH AVENUE FORT LAUDERDALE FL 33334 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01) TITLE ☐ Change Addition TITLE ☐ Delete CASORIA, PETER JR CR2E034 STREET ADDRESS 552 N.E. 34TH COURT STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Change ☐ Addition ☐ Delete HOLLAND, GERALD NAME NAME 4860-N.E.-12TH-AVENUE -- --STREET ADDRESS STREET ADDRESS. FORT LAUDERDALE FL 33334 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE (Delete TITLE HAHNER, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 4860 NE 12TH AVE CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.