2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000076733 **DOCUMENT #**

1. Entity Name

SIGNATURE:

TJ'S TOURS AND TRANSPORTATION, INC.



FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90203 047 ***150.00

Daytime Phone #

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Suite, Apt. #, etc. City & State	1470 N DIXIE HWY		147	1470 N DIXIE HWY								
City & State	2. Principal P	Place of Business	3. Me	3. Mailing Address								
Country Zip Country Sip Country Sip Country Sip	Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAVED, TESHIN 1470 N DIXIE HWY FT LAUDERDALE FL 33304 6. 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. I am familiar with, and accept the objective of registered agent. SIGNATURE Signat	City & State	re	Cit	y & State	-	4. FEI Number 65-0538858						
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JAVED, TESHIN 1470 N DIXIE HWY FT LAUDERDALE FL 33304 City 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. I am familiar with, and accept the objections of registered agent. SIGNATURE Signature, typed or private name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!: FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE JAVED, TEHSIN 1470 N DIXIE HWY FT LAUDEROALE FL 33304 TITLE Delete		6. Name and	Address of Current Register			7. N	lame and Address of New Reg	istered Ag	jent		1	
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12. 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 of 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 of the receiver of the 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 of the true and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the true and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the true and accurate and that my same appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	indicated of the corp changed	cerury that the info on this report or s poration or the rec or on an attachm	rmation supplied with this filling tupplemental report is true and server of trustee simpowered to ent with an address, with all of	g does not quality for i I accurate and that m o execute this report a her like empowered	tne exer y signati is requir	nption stated in Seure shall have the ed by Chapter 607	ection 1 same le 7, Floric	19.07(3)(1), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my narfie a	irther certif h; that I am ppears in I	y that the ii i an officer Block 10 oi	nformation or director r Block 11 if	