

2000 UNIFORM BUSINESS REPORT (UBR)

0253902

DOCUMENT # P94000089851

1. Entity Name

OJE BUSINESS ENTERPRISES, INC.

FILED

01 OCT 17 PM 1:29

Principal Place of Business

Mailing Address

7930 NW 36 STREET
SUITE 23-162
MIAMI FL 33166

7930 NW 36 STREET
SUITE 23-162
MIAMI FL 33166-6666

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

320 S. FLAMINGO RD
Suite, Apt. #, etc.
216

3. Mailing Address

320 S. FLAMINGO RD
Suite, Apt. #, etc.
216



REINSTATEMENT

00-01

City & State

PEMBROKE PINES, FL
Zip 33027 Country USA

City & State

PEMBROKE PINES, FL
Zip 33027 Country USA

4. FEI Number

65-0544568

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVAGBA, IHUANOJE
7930 NW 36 STREET
SUITE 23-162
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name IVAGBA IHUANOJE
Street Address (P.O. Box Number is Not Acceptable)
320 S. FLAMINGO RD #216
City PEMBROKE PINES FL Zip Code 33027

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	PSTD	<input type="checkbox"/> Delete
NAME	IVAGBA, IHUANOJE	
STREET ADDRESS	4230 NW 183 TERR	
CITY-ST-ZIP	MIAMI FL 33055	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004657811-7	
STREET ADDRESS	-10/29/01--01080--014	
CITY-ST-ZIP	****900.00 ****900.00	
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	LS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/01 (954) 442 2915

Date

Daytime Phone #

02539034 (9/99)