## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P94000093222 May 01, 2000 8:00 am 1. Entity Name Secretary of State JUDANIA GENERAL SERVICES, INC. 05-01-2000 90016 034 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 1255 5900 NW 186 ST 305 14899 NE 18TH AVE., #2G MIAMI, FL. N. MIAMI BEACH FL 33181 MIAMI FL-93015-8031 -88-33/68 3. Mailing Address Po. BOX1255 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MIAMI, FL Applied For City & State 4. FEI Number City & State MIAMI, FLORIDA 65-0555976 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired ~ DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSUJI, JUDE O Street Address (P.O. Box Number is Not Acceptable) 14899 NE 18TH AVE., #2G N. MIAMI BEACH FL 33181 Zip Code FL 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. 1. 12.1 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITI F NAME OSUJI, JUDE O STREET ADDRESS STREET ADDRESS 14899 NE 18TH AVE., #2G CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33181 TITLE ☐ Change □ Addition ☐ Delete TITLE NAME ANIUNOH, ANTHONIA U NAME STREET ADDRESS STREET ADDRESS 14899 NE 18TH AVE., #2G CITY-ST-ZIP CITY-ST-7IP N. MIAMI BEACH FL 33181 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

address, with all other like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

JUDE OROSUJI