

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025914 (9)

1. Entity Name  
SKJ INC

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90096 041 \*\*\*150.00

Principal Place of Business Mailing Address  
3285 Lakeworth Road 9297 Olmstead Drive  
Suite A  
Lakeworth FL 33461 Lakeworth FL 33467

C0067804

2. Principal Place of Business 3. Mailing Address  
3285 Lakeworth Road 9297 Olmstead Drive

Suite, Apt. #, etc.  
A ~~Lakeworth FL~~

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
Lakeworth FL Lakeworth FL 65-0580219 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
33461 USA 33467 USA

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Jatinder Kapoor  
9297 Olmstead Drive  
Lakeworth FL 33467

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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.

SIGNATURE *Jatinder Kapoor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/00  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete TITLE: Pres. NAME: Kapoor Jatinder STREET ADDRESS: 9297 Olmstead Drive CITY-ST-ZIP: Lakeworth FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jatinder Kapoor* Jatinder Kapoor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 561-4393663  
Date Daytime Phone #

CR2E034 (9/99)