

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90349 009 ***150.00

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DOCUMENT # P95000051386

1. Entity Name
R/J COMMERCIAL VENTURES INC.



Principal Place of Business
15281 WILSHIRE COURT
PEMBROKE PINES FL 33027

Mailing Address
15281 WILSHIRE COURT
PEMBROKE PINES FL 33027



2. Principal Place of Business
1201 S.W. 128TH TE.
Suite, Apt. #, etc. # 101 E

3. Mailing Address
1201 S.W. 128TH TE.
Suite, Apt. #, etc. # 101 E

☐ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL.
Zip 33027 Country USA

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PEMBROKE PINES, FL.
Zip 33027 Country USA

4. FEI Number 65-0600483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, JACK
15281 WILSHIRE COURT
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name JACK SOLOMON
Street Address (P.O. Box Number is Not Acceptable)
1201 SW 128TH TERRACE # 101 E
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JACK SOLOMON

DATE APRIL 11, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SOLOMON, ROBERTA
STREET ADDRESS 15281 WILSHIRE COURT
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME SOLOMON, JACK
STREET ADDRESS 15281 WILSHIRE CT
CITY-ST-ZIP PEMBROKE PINES FL

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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 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 10 or Block 11 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

DATE April 11, 2003 954
DAYTIME PHONE 4366593

CR2E034 (10/02)