

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90064 021 \*\*\*158.75

**DOCUMENT # P95000076953**

1. Entity Name

**LJO INC**

Principal Place of Business

Mailing Address

12952 SW 133RD COURT  
 MIAMI FL 33186

12952 SW 133RD COURT  
 MIAMI FL 33186-5855

2. Principal Place of Business

**13008 SW 133RD CT.**

3. Mailing Address

**13008 SW 133RD CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, Fla.**

City & State

**MIAMI, Fla.**

4. FEI Number

**65-0611535**

Applied For

Not Applicable

Zip

**33196**

Country

**USA**

Zip

**33196**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KAVADAS, LISA**  
**15162 SW 92 TER**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **NOEL GREEN**

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

**13008 S.W. 133RD COURT**

City **MIAMI**

**FL**

Zip Code **33196**

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

*Noel Green*

**NOEL GREEN**

**3/15/2000**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KAVADAS, LISA	15162 SW 92 TER	MIAMI FL 33186	<input type="checkbox"/>
D	CHANEY, JOHN	15162 SW 92 TER	MIAMI FL 33186	<input checked="" type="checkbox"/>
VP	GREEN, NOEL	1821 SW 124TH WAY	MIRAMAR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR	GREEN, NOEL	13008 SW 133RD CT.	MIAMI, Fla. 33196	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Noel Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/2000**

Date

**(305) 256-4466**

Daytime Phone #

034 (5/9/00)