

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079173

1. Entity Name
B.J.M. OF CAROLWOOD CORP.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 003 ***150.00

Principal Place of Business C/O COMM ASSET MANAGERS 4805 W. LAUREL STREET, #230 TAMPA FL 33607	Mailing Address C/O COMM ASSET MANAGERS 4805 W. LAUREL STREET, #230 TAMPA FL 33607-4524
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 912 E. Bloomingdale Ave Suite, Apt. #, etc. Suite A City & State Tampa FLORIDA Zip 33511 Country Hillsborough	3. Mailing Address P.O. Box 26563 Suite, Apt. #, etc. City & State TAMPA, FL Zip 33623-6563 Country Hillsborough
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4. FEI Number 11-3289007	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent

HAYDEN, FRANK R
C/O COMMERCIAL ASSET MANAGERS, INC.
4805 W. LAUREL ST., SUITE #230
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
Frank R. Hayden

Street Address (P.O. Box Number is Not Acceptable)
C/O Commercial Asset Managers, Inc.

912 East Bloomingdale Ave

City
TAMPA FL Zip Code
33511

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 DATE **1/21/2000**

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	D SOLOF, MATTHEW 2116 MERRICK AVE. SUITE 3009 MERRICK NY 11566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 FRANK R. HAYDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)