

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90164 024 \*\*\*150.00

**DOCUMENT # P96000063104**

1. Entity Name  
**B.J. REALTY GROUP, INC.**

Principal Place of Business

**3453 CYRSTAL LN  
 DAVIE FL 33330  
 US**

Mailing Address

**P.O. BOX 292023  
 DAVIE FL 33329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2255640**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, BERTHA J  
 3453 CYRSTAL LN  
 DAVIE FL 33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE **DPST** ☐ Delete  
 NAME **SMITH, BERTHA J**  
 STREET ADDRESS **3453 CYRSTAL LN**  
 CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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: *Bertha J. Smith* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/02 954-577-5155**  
 Date Daytime Phone #

CR2E034 (4/02)



*Attachment*  
*#P96000063104*  
**BJ Realty**  
**Group, Inc.**

*"Professionalism At It's Best with Service A Priority"*

*80130927*

July 16, 2002

Division of Corporation  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302

To Whom It May Concern:

Per my conversation today with your customer service department (spoke w/Laura). I am enclosing a copy of my 2002 Uniform Business Report mailed 4/27/02 with check no. 2311 in the amount of \$150.00. I will be placing a stop payment on check no 2311. So, please do not deposit it if found. I am reissuing another check no. 2323 in the amount of \$150.00. Please waive any late fees. Thank you.

Sincerely,

B.J. Smith, Owner  
B.J. Realty Group, Inc.  
3453 Crystal Lane  
Davie, Florida 33330  
(954-577-5155)

Enclosures



# 2002 UNIFORM BUSINESS REPORT (UBR)

Attachment  
B0130927

0040217 AN

DOCUMENT # **P96000063104**

1. Entity Name  
**B.J. REALTY GROUP, INC**

Principal Place of Business <b>3453 CYRSTAL LN DAVE FL 33330 US</b>	Mailing Address <b>P.O. BOX 292023 DAVE FL 33329</b>
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2. Principal Place of Business State Apt #, etc	3. Mailing Address State Apt #, etc
City & State	City & State
Zip	Country

4. FEI Number <b>58-2255640</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SMITH, BERTHA J 3453 CYRSTAL LN DAVE FL 33330</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when changing agent)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DPST SMITH, BERTHA J 3453 CYRSTAL LN DAVE FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 19.07(3)(b) Florida Statutes. I further certify that the information included in this report or supplement or tax 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 partnership or trust or sole proprietor, and that I am not a resident of the State of Florida, and that my name appears in Block 11 or Block 12.

SIGNATURE: *Bertha J Smith* 4/27/02 951-575-555