

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074482

1. Entity Name

DJR INTERNATIONAL CORP.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90036 046 ***150.00

Principal Place of Business

~~501 N. ORLANDO AVE.~~ ~~#141~~ ~~WINTER PARK FL 32789~~
29 JOHN ST
NEW YORK NY
10038

Mailing Address

~~501 N. ORLANDO AVE.~~ ~~#141~~ ~~WINTER PARK FL 32789-2997~~
29 JOHN ST
NEW YORK NY
10038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29 John St.

3. Mailing Address

29 John St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York NY

City & State

New York

4. FEI Number

59-3400794

Applied For

Not Applicable

Zip

10038

Country

US

Zip

10038

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOFTY-GABER, HEND
501 N. ORLANDO AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	LOFTY-GABER, HEND	
STREET ADDRESS	501 N. ORLANDO AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAMED FARSHALI	
STREET ADDRESS	29 JOHN ST	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (407) 240-3200
Date Daytime Phone #

CR2E034 (9/99)